VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0297 CERTIFICATE OF DEATH

UNAU	CLITTITION	L OI DEATI			1161	233
1. PLACE OF DEATH a. CDUNTY FREDERICK	MANUAND	2. USUAL RESIDENCE e. STATE Mary	E (Where deceased I	b. COUNTY	ntgom	before admission
b. CITY DR TDWN (If outside corporate limits.	MARYLAND c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If	outside corporete	limits, write Rt	JRAL end giv	e nearest town)
write RURAL and give nearest town) Frederick	2 days	RFD		1	3	2
d. NAME OF HOSPITAL OR INSTITUTION (If not in i		d. STREET ADDRESS				ON A FARM?
Frederick Mem. Hospi		11	ksburg			YES ND
3. NAME DF FIrst DECEASED	Middle	Last	4. DATE	Month	Day	Year 1966
(Type or print) Virgie 5. SEX 6. CDLDR OR RACE 7. MARRIET	Estelle	BROWN 8. DATE OF BIRTH	DEATH	Feb.	25 IDER 1 YEAR I	IF UNDER 24 HRS
7. MARKIEL			last	birthdey) Mont	ths Days	Hours Min.
Female White WIDDWED		July 15, 1		7.00	2. CITIZEN	OF WHAT
during most of working life, even if retired)	INDUSTRY			.igii douile 7/	COUNTRY	?
Housewife 13. FATHER'S NAME	Own home	Dickers			USA	
Daniel Price 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	. SDCIAL SECURITY NO. 17.	INFORMANT	e Hall	Address		
(Yes, no, or unkown) (If yes give war or dates of service)			7.			
No	None	Roby H. Br	own, It	em 2	LIMTE	RVAL BETWEEN
18. CAUSE DF DEATH [Enter only one cause per PART I, DEATH WAS CAUSED BY:		0 5			ONS	ET AND DEATH
IMMEDIATE CAUSE (a)	BNEUMONIA	, RO. LUN	G		27	+ Itours
5 /// DUE TD	Active CA	0-01-0			4	DAYS
Conditions, If any, which gave rise to immediate (b)	ACUTE GA	STRO ENT	ERITIS			7.3
cause (a), stating the DUE TO						
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UITING TO DEATH BUT NOT BEL	ATED TO THE TERMINAL	DISFASE CONDITID	N GIVEN IN PART	1(a) 19.	WAS AUTOPSY
Court and Court of the Court of)	YE	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE ON WOCARDIAL IN FARCTI 2Da. ACCIDENT WAS UNDERLYING DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HDW INJURY OCCI	IRRED (Enter nature o	f injury in Part I d	r Pert II of Ite		2 1190
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE NOW INSORT GOOD	onnes. (Entor nataro e	,			
On TIME OF INITIDY Month Day Year 20d	INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, f	arm. 2Df. (City (or town)	(County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. Hour e.m. While two p.m. 19	e Not While factor	ory, street, office bldg.,				
	rk at work	1973	1. E66	25	1066	et (1) (wa) los
21. I certify that (I) (this hospital) atten-	ded the deceased from1966, and tha	1763,1		o course and		nat (I) (we) last
saw the deceased alive on FEB 25	19 <u>@=</u> , and tha	t death occurred at	M, ITOIII LI		b. DATE SI	
1220. Sidikitonia	- /	D. PHYS.	MED. S	TAFF HYS.	FEB ZS	5,1566
22c. PHYSICIAN'S		22d. ADDRESS				
NAME (Type) GILCIN F. MC	ADORS, MO	810 TOLL H	buse Ave	FRED	erick.	mD.
23a. BURIAL, CREMATION, 23b. DATE THEREDF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATIO	ON (City, town	or county)	(Stete)
Burial Feb. 28,1966			Pu	rdum, M	d.	
24. FUNERAL DIRECTOR	ADDRESS		C'D BY REGISTRAR	500		
Olin L. Molesworth,	Damascus, Md	• DATE A	R 1 1961	3 galo	rles &	udge

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY by the and 2 death. Frederick Marvland Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) 5- 9 Lime Kiln Frederick 6 vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? Frederick County Home NO X completely YES paper 3. NAME OF 4. DATE Middle Last Month Day Year and c. carbon p. within ? DECEASED OF (Type or print) Rhoda Holland Cecil DEATH February 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Female certificate WIDOWED TO DIVORCED Aug. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Homemaker Montgomery Co. Md. U.S.A. death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ā Richard Burdette Laura Watkins Then requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Frederick, Md. (Yes, no, or unkown) | (If yes give wer or detes of service) No Mrs. Elizabeth Adams- 814 Montclaire Ave. permit. physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN been signed by 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 munule cremation, IMMEDIATE CAUSE (e) burial-transit affending DUE TO Conditions, if eny, which geve rise to immediate cause has DUE TO (e), steting the underlying the the hospital or his certificate h PHYSICIAN: PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY as 0 CERTIFICATION PERFORMED? use prior NO TH YES | detached for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) After this of Health OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, ! (Stele) 20d. INJURY OCCURRED I 20f. (City or town) Month, Dev. Yeer (County) fectory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: et work et work p.m. 3 21. I certify that (I) (this hospital) attended the deceased from... pluods State 19. M., and that death occurred a 2:30 prom the causes and on the date stated above. saw the deceased alive on may 22b. DATE 22e. SIGNATURI the ATTENDING STAFF SIGNED death. Page 4 HOSPITAL page with t PHYS. X DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS director, I NAME (Type) Prof. Bldg.- Frederick- Md. 21701 Dr. B.O. Thomas-23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURTAL (Specify) Clarksburg- Maryland Methodist Cemetery TADDRESS Whitmore 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE "lianles M.R.Etchison & Son Frederick- Md. VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02300			CERTIFICAT	E OF DEAT	Н		112	256	
	PLACE OF DEATH				2. USUAL RESI	DENCE (Where			derice before	admission]
Frederick MARYLAND				e. STATE	ryland	b. COUN	Frede	rick		
	b. CITY OR TOWN (i	f outside corporete timits	,	c. LENGTH OF STAY IN 16			orporata limits, write			wn)
		giva neerest town) - Kemptown		6 yrs	Ru	ral- Ke	mntown		10-1	
				pitel, give street eddress)	d. STREET ADD		I DOOWIE	/		RESIDENCE
	RFD #	1. Monrov	de		PF	n # 1	Monrovia			A FARM?
	NAME OF	First	La	Middle	Last	4. DATI			ey Ye	er
	DECEASED (Type or print)	Este	770	D	avis	OF DEAT	rh Feb	. 2	19	66
S.	SEX			D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years			R 24 HRS.
	Pamala.	White	WIDOWE		Fab 10	7 221.	lest birthdey) 87 yrs.	Months Dey	s Hours	Min.
10a		ION (Give kind of work	10b. K	IND OF BUSINESS OR INDUS	Feb. 19,	County & Stete,	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY
do		rking life, even it retired)		7777.		26.3	**	G.A.	
13.	FATHER'S NAME	LIE			14. MOTHER'S MA	tt City	, Ma.	U	SA	
	Fred Bo	llican				nknown				
15.			ES? 16.	SOCIAL SECURITY NO. 17.	1	пкпомп	Address			
(Ye	s, no, or unkown) (H	fyes give wer or detes of se	rvice)	A CONTRACTOR OF STREET		T (Image	Та	2		
	NO 18. CAUSE OF D	EATH Enter only one	cause per l	None M	rs Harvey	L. Gree	η, Ιτ	em 2	INTERVAL B	ETWEEN
	PART I. DEATI	H WAS CAUSED BY:		260/40/	Allin	1 4 h	1017		ONSET AND	
	3=1x	IMMEDIATE CAUSE (e)_	7	- urrae	1	000/6	X	,	Je he d	cad
	Con Alabora 14	DUE TO	1	11 perlen	x 671		0			
	Conditions, if any geve rise to immedi	eta ceuse	40	77				-		
	(a), steting the un	nderlying DUE TO	1	11/00/10	Coller	esis		200		
_	PART II OTHER	SIGNIFICANT CONDIT	IONS CON	ITRIBUTING TO DEATH BUT I	NOT BELATED TO THE T	FRMINAL DISEAS	SE CONDITION GIV	/FN IN PART 1(e	11 19. WAS	AUTOPSY
TIO	TAKE III. OTHER	SIGNIFICATO CONDI		THE POST OF THE PO	TOT KEEKIED TO THE T	EKMINAL DIDEN	31 00/10/10/1		PERF	ORMED?
FICA	20a. ACCIDENT W	AS LINDEDI VING TI	20h DE	SCRIBE HOW INJURY OCCUP	PED /Enter nature of ini	ium in Part I or D	ed II of item 18)		YES [но 🗌
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200. 01.	JOHNSE HOW MOOK! OCCO.	title (Ellier Haller of Hi	,2,,				
	20c. TIME OF INJU	1	1 204	INJURY OCCURRED 20e. P	LACE OF INJURY (Home	form ! 20f (f	City or town)	(County)		(State)
MEDICAL	Hour e.m.		While	Not While fe	ectory, street, office bldg		, 0. 10,	(000,)		(5.5.5)
×	p.m.	19	et wor		10.7		De la	1- 10/-1	/	() 1
			An	ded the deceased from						
		ed alive on	<u>~~</u>	19. 19. 11 and the	at death occurred a	at. E. L.C.M., tro	om the causes	and on the		b. DATE
Н	22e. SIGNATURE	11m	771	Bulton O	ATTENDING	MED.	STAFF	- /		SIGNE
	22c. PHYSICIAN'S	11/1/	100	WI TO	M.D. PHYS.	DIRECTOR	PHYS.	5/3	2/66	
	NAME (Type)	C. M.	VanP	oole, M.D.	/	Mt. Air	v. Md.			
12	BUDIAL CREATATE	ON, 23b. DATE THERI		23c. NAME OF CEMETER			CATION (City, to	wa or countyl		Stete)
	REMOVAL (Specify)									orale)
	Burial FUNERAL DIRECTOR		1966	Prospect	Meth.		ISTRAR 256. RE			
24	CONTRACTOR	tan 11.	Th	Damascus.		ED D'		liarles	Judge	
	Cram d	E. Volotism	urc	Damasous,	DAT	681	12001		7 0	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any grent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

02301 CERTIFICATE OF DEATH

	MARYLAND STATE DEPARTMENT OF HEALTH	
ON O	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	OFFICIAL OF PEARL	

1. PLACE DF DEAT a. CDUNTY Fr	ederick	MARYLAND	2. USUAL RESIDENCE (WE a. STATE Maryla		tution: Residence before admission) Y Frederick
b. CITY OR TOW write RURAL Frederic	VN (if outside corporate limit and give nearest town) .K	c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside Frede)		e RURAL and give nearest town)
	SPITAL OR INSTITUTION (If n Nursing Home	ot in hospital, give street address	d. STREET ADDRESS 810 North Ma	arket Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First R.		7 A M O		Day Year uary 17, 19 66
5. SEX Female	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 29 Nov 1885	9. AGE (in years in last birthday) 80 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of work	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Own Home	Woodsboro, N	/d.	12. CITIZEN OF WHAT COUNTRY?
			Alice J. Ech		
15. WAS DECEASED	E. Graham EVERINUS. ARMED FORCES?	16. SDCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown)	(If yes give war or dates of service)	harles R. Eaton		
Conditions, if gave rise to cause (a), s underlying cau	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) any, which immediate stating the se last.	replus sclero			INTERVAL BETWEEN ONSET AND DEATH MONEY Year
FICATI		NTRIBUTING TO DEATH BUT NOT RE			YES NO X
	WAS UNDERLYING THE CAUSE OF DEATH OTHER MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injur	y in Part I or Part II of	item 18.)
Hour a.		20d. INJURY OCCURRED 20e. Pi While Not While fac at work at work	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
saw the de	eceased alive on 2		at death occurred at	M, from the causes a	, 1966, that (i) (we) last and on the date stated above. 22b. DATE SIGNED 18 Feb 1966
22c. PHYSICI NAME (T		omas, M. D.	22d. ADDRESS 228 N. Marke	t St., Frede	rick, Md. 21791
23a. BURIAL, CREM REMOVAL (SP Burial	MATION, 23b. DATE THEREO	Mount Hope C	emetery W	d. LOCATION (City, too	ryland
24. FUNERAL DIR M. R. I		Frederick, Md.	21701 25a. REC'D BY	RECISTRAR 25b. REI	GISTRAR'S SIGNATURE

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND RECORDS, 301 STATISTICAL RESEARCH

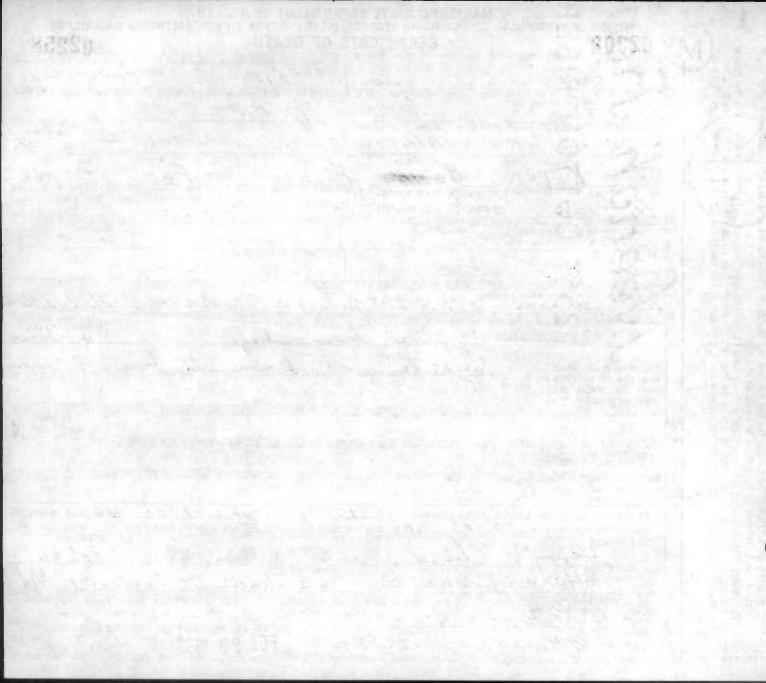
A		UZ3UZ CERTIFICAT	E UF DEATH	112258
	7.	PLACE OF OEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	tesidence before admission)
1		a. COUNTY FREDERICK MARYIAND	a. STATE D. COUNTY	erock /
-		b. CITY OR TOWN (If outside corporate limits, c, LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
1		write RURAL and give nearest town)	M A A A A A A A A A A A A A A A A A A A	and give nourest town,
		PREDERICK 2 DAYS	17. 1129	06-2
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	1.	REDERICK MEMORIAL HOSPITAL	ROUTE#4-OLD ANNAPLUS K	YES NO
	3.	NAME OF DECEASED P First Middle	Last 4. OATE Month	Oay Year
		(Type or print) Ta /Ph	Fichter DEATH Feb	17 1966
-	5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. DATE OF BIRTH / 9. AGE (In years IFUNDER	1 YEAR IF UNDER 24 HRS
1		M WIOOWEO D OLYORCEO	Separ 24/1896 last birthday) Months	Oays Hours Min.
-	100		1 33 DIDTUDIAGE (Durch & Objets on familiar country) 12 C	ITIZEN OF WHAT
		USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR ng most of working life, even if retired)	C	DUNTRY?
		LAWYER (RETIRED) SEZE-EMACYO	INDIANA 2	S. H.
1	13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
		JOHN M. FICHTER	MAMIE SNELL	
-		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	- /
1	(Ye	(If yes give war or dates of service) 579-50-9915	ADONE FICHTOR-RY H-1	41 Arey Mo
-	_	10 CALLOS OF DEATH FESTIVE OF COURSE FOR the for (a) (b) and (c) 7	iske for the second	I INTERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND OEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral	emorhoge	4 & hours
		1443X OUE TO 11		
		Conditions, if any, which	e Continuarenta deseas	: year
Н		gave rise to immediate		0
		cause (a), stating the OUE TO		
	2	underlying cause last. (c)		Ido Who all Topov
1	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED
2	CA			YES NO
\exists	H	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URREO. (Enter nature of injury in Part I or Part II of Item 18	.)
	E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			OF OF IN HIPV (Home form) Ook (Olbr on hours)	unty) (State)
	2	facto	ACE OF INJURY (Home, farm, 20f. (City or town) (Con bry, street, office bidg., etc.)	unty) (State)
	MEDICAL	P.m. 19 While Not While at work		
		21. I certify that (I) (this hospital) attended the deceased from _/	5 Feb , 1966, to 17 Feb , 196	6, that (1) (we) last
		saw the deceased alive on 17 Feb. 19.66, and tha	t death occurred at 3300M, from the causes and on t	
		saw the deceased alive on 1/100 1966, and tha		ATE SIGNED
		76 11/1	ATTENDING A MED. STAFF 17	E-111
1		M.I Mase M.I		18066
4		22c. PHYSICIAN'S HOPEN V. Chase	4 E. Church St Freder	wirk Md
	00	DUDIAL OPENATION 024 DAYE TUPPOF 1020 MANE OF ORMETED		unty) (State)
	232	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY. 23d. LOCATION (City, town or co	(State)
	1	GURIAL TILLINGTON	11110 MKLINO1010	
	24	FUNERAL DIRECTOR AOORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	4	1.W. UMMYBERS INC-DILORDER DER	DATE B 23 1968 Jeliane	by Judge

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please renote carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

24 hours after death.



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A1SME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0.000		6239
1. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Re	sidence belore edmission)
Frederick MARYLAND	. STATE Maryland b. COUNTY Fre	derick
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
write RURAL and give searest town)	Brunswick	0-1
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
II2 West 'B' Street	Same	YES NO A
3. NAME OF DECEASED WILLIAM RICHARD FI	TZGERALD 4. DATE Month of DEATH	Dey Yes 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years FUNDER 1 Y	
Male White WIDOWED DIVORCED	lest birthday) Months D.	eys Hours Min.
		EN OF WHAT COUNTRY?
	11. NRTHPLACE (State or foreign country) 12. Calliornia 12. Citiz U.S	
Retired Machinist Inspector	14. MQIHER'S MAIDEN NAME	
unknown)	Sarah Gormley	
	(NEODMENT - Addition	
	Corhelison Walnut Creek,	California
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),		
PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occ	usion	
DUE TO		
Conditions, il eny, which \ (b) Arteroscleroti	c Heart Disease	
gave rise to immediate cause (e), stating the underlying DUE TO		
couse test. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY
		YES NO VI
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of Injury in Pert I or Pert II of item 18.)	1.10
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH.		
	CE OF INJURY (Home, farm, † 20f. (City or town) (Count	y) (Stete)
Hour a.m. WhileNot While fact	ory, street, office bldg., etc.)	7) (31616)
7		
21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection Inquiry ,	and in my opinion
death resulted from: Natural causes X Accident Suic		
death resulted from: Natural causes . Accident . Suic	ide, Homicide, Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL BOTHOMAS		DATE SIGNED
ACTUAL RATE	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEFENSE	DATE SIGNED
ACTUAL BOTHOMAS EXAMINER'S P. O. Thomas W. 2 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town; or county)	DATE SIGNED
ACTUAL SIGNATURE BOTHOMAS EXAMINER'S NAME (Type) 226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) CERMATORY P 1 278 2000 Tion (City town or county)	1966
ACTUAL SIGNATURE BOTHOMAS EXAMINER'S P. O. Thomas M. 2 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town; or county) R CREMATORY P 1 (278-2999)	1966 30. (State)
ACTUAL SIGNATURE BOTHOMAS EXAMINER'S NAME (Type) 2a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) BURIAL 2-11-66 St. Charles 1	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) CREMATORY P 1 228 20 CATION (City town or county) COMMENT OF COUNTY OF COUNTY OF COUNTY) COMMENT OF COUNTY OF	1966 30. (Stote) W- York
ACTUAL BOTTOMAS EXAMINER'S NAME (Type) P22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) Burial 2-11-66 St. Charles	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town; or county) CREMATORY P 222. 20 CATION (City town; or county) LONG DALMAN SIG	1966 30. (State) W- York

THE STATE STATE STATE OF THE ST syn.c MARYLAND STATE DEPARTMENT OF HEALTH

Service Court of the Service

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove Carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

J	-	02806	CERTIFICATE	OF DEATH		112261
		PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If ins	stitution: Residence before edmission)
		En 1. 1	MARYLAND	e. STATE	6. COUNTY	F. 11. 16
		b. CITY OR TOWN (if outside corporer librits,	c. LENGTH OF STAY IN 16	c. CITY OF TOWN IN	outside corporete limits, write R	URAL and give nearest town
		write RURAL and give neerest town)	<i>C</i> 2	1.2 01	1.44	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	23 400.	walke	rsville	10-1
	m	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, give straat andress)	d. STREET ADDRESS	1 1	e. IS RESIDENCE ON A FARM?
0	-	- Trederick		Ired	erick	YES NO Z
ш		NAME OF DECEASED	Middle	Last	4. DATE Month	Dey Yeer
٠		(Type or print) MINNIE S	OPHIA GEI	SINGER	DEATH Feb	. 19 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF	
H		F WIDOWEL	DIVORCED 17	low 22 18	last birthdey)	Months Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work 10b. KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & Steta, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	do	ne during most of working life, even if retired)	_	4 1	11 ml	
	13.	FATHER'S NAME		M MOTHER'S MATTER &	of co. md.	W.S.A.
П		and a a.		The #	4	
	16	Joseph O. Tice		Marcha	Haup	
Н	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. :	SOCIAL SECURITY NO. 17. I	NFORMANT	ddress	
u	-	no	- hu	s. Florge 19.	tlickinger, 4	helper sville mi
		1B. CAUSE OF DEATH [Enter only one cause per li	ne for (e), (b), end (c).)	10.1		ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	isuline of	earl fance	ul	2 mars
		44 - + DUE TO	OL	1.1	" / /	
		Conditions, if eny, which \ (b)	montenin	e farler	worderthe	
		geve rise to immediate cause	0, 1.	1 1		
		(a), steting the underlying Couse lest.	aduna	renta a	Mare	10 mkin
	z	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(e) 1 19. WAS AUTOPSY
	CERTIFICATION	Chrisic Range	eatitie			PERFORMED?
0	FIC/		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part Lor Part II of item 18.)	YES NO
	ERT	OR CONTRIBUTING CAUSE OF DEATH	CRIDE 110 W 114JORT OCCORRE	D. (Ellier hardre of injury in	real for real in or nem to.,	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Hour e.m. While		CE OF INJURY (Home, ferm, pry, streat, offica bldg., etc.)		(County) (State)
	ME	p.m. 19 et work				
		21. I certify that (I) (this hospital) attend	led the deceased from	Felo, 1	1950 to 2419	, 19, that (I) (we) last
			19. L.C., and that		40	d on the date stated above.
		220. SIQRATURE	^			226. DATE
		Janus Huns	m.	DIENE TE DE	RECTOR PHYS.	2/2///SIGNED
		22c. PHYSICIAN'S	5	22d. ADDRESS		721100
		NAME (Type) JAMES E.	. STONER)/	(U)AL	ICERSUICL	F Ind
	23e	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
		REMOVAL (Specify) 2/20/66	mut no	, /-	Fooderick	" Just
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	/ 25a, REC'	D BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
1	-	40 Barta Wanh	000	- FFR	24 1958 PCC	ranley Judge
10		V. C. Varien, walker	espell,	NO. DATE-	DI TOOU	10

19861 MINNIE ISPANIA (PENANAET TO ANNIA SINNIM TO THE WAY I SEE WAY TO SEE THE SAME make the later to the same that the same tha Jaret Laver Start the state of the second was the second

Page 4 may be retained by the hospital or attending physician.

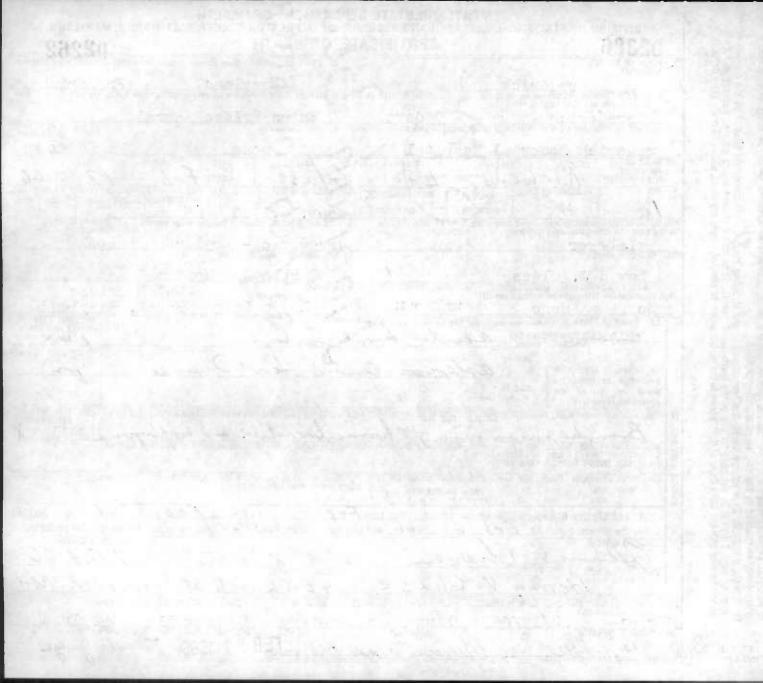
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UZ3U6 CERTIFICAT	E UF DEATH	02262
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
a. COUNTY	a. STATE b. COUNTY	3 1 . 1 .
Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	ederick
write RURAL and give nearest town)	C. CITT OR TOWN (II outside corporate mints, write Roke	L and Breo hearest tonny
Frederick 9 days	Union Bridge Rural	10-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Frederick Memorial Hospital	none	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
OECEASED (Type or print) Richard Lee	Glass DEATH Feb	17 1966
	8. OATE OF BIRTH 9. AGE (In years) IF UNDER	
MA IA	last birthday) Months	Days Hours Min.
WIDOWED DIVORCED	Sept. 16. 1900 65 yrs.	CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. (OUNTRY?
Laborer Farm		ISA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
David J. Glass	Quilla Ann Horton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		idge
(Yes, no, or unknown) (If yes give war or dates of service) NO NO NO NO NO NO NO NO NO N		arvland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	s. Gladys Long Rural, M	I INTERVAL BETWEEN
	* 1.0	ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute hear	failure	IWK
4200 DUE TO	1 11 12	
Conditions, If any, which (b) arterior cler	hie Heart Plesage	yor.
gave rise to immediate (0
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY 20a. ACCIDENT WAS UNDERLYING TO ACCOUNT TO BE TO THE TOWN THE TO	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
B R A A A	- formal to had but have	YES NO NO
20a, ACCIDENT WAS UNDERLYING 1 20b, DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II	- PA
20a. ACCIDENT WAS UNDEFLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, farm, 20f. (City or town) (Co	ounty) (State)
facto	ory, street, office bldg., etc.)	dility) (State)
Hour a.m. p.m. 19 While Not While at work		
21. I certify that (I) (this hospital) attended the deceased from E	eb 8 , 1966, to Feb 17, 196	6, that (I) (we) last
saw the deceased alive on Feb 16 1966, and that	t death occurred at 3304 M, from the causes and on	the date stated above.
22a. SPENATURE	22b.	DATE SIGNED
Henry V. Chaze M.	D. ATTENOING MED. STAFF DIRECTOR PHYS.	Feb 66
226. PHYSICIAN'S ///	22d. ADDRESS	1 1
NAME (Type) Trnry V. Chase	4 E.Church St treder	ick Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	Y OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
REMOVAL (Specify)		
Burial / 2/19/66 Linganore C	Lemetery Unionville M	aryland P's signature
Mille there	14.// 550 04	En Judge
V.V. Kurpustous Vincon husk	Ma DAFEEB 21 1966 Journe	2 Judge

VR A15 (4) 15M 4-64



death. Page 4 may be retained by the hospital or attending physician.

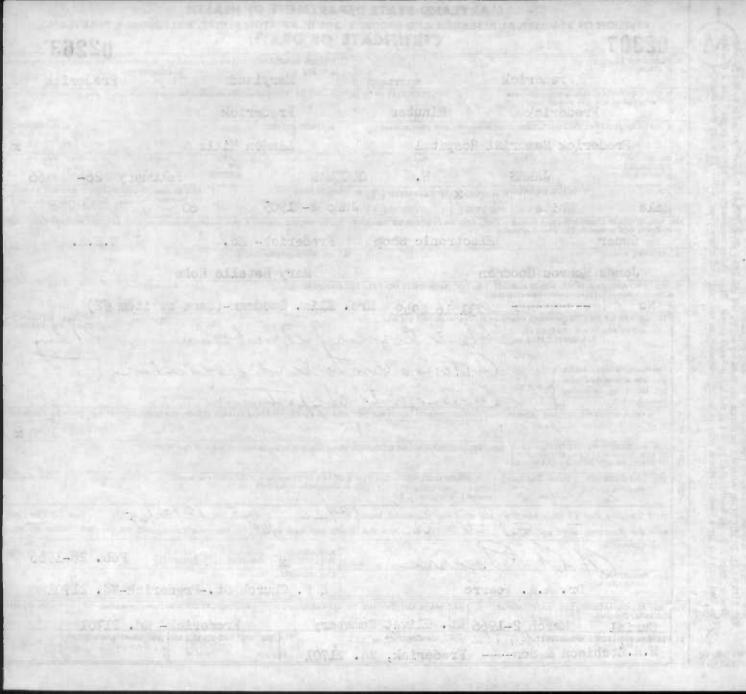
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> VR AIS (4) 20M S-63

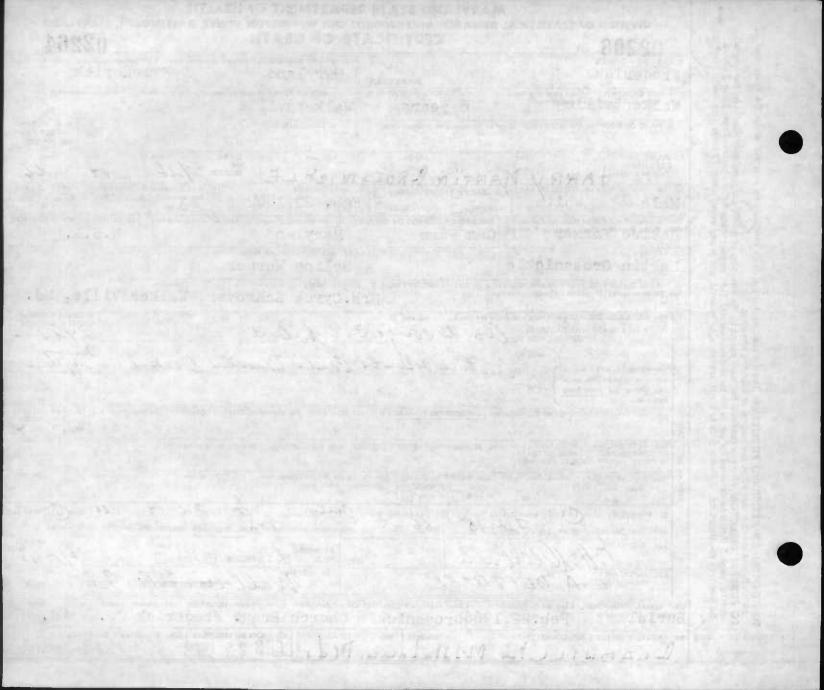
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02307	CERTIFICATE OF DEATH									
1	. PLACE OF DEATH		2. USUAL RES	SIDENC	E (Where dece	sed lived, If i	nstitution: Resid	dence before	edmission)		
	COUNTY	Frederic	k	MARYLAND	e. STATE	aryl		b. COUN	TY _	derick	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)					OWN (If	outside corpora	le limits, write	RURAL end gi	ve neerest to	wn)
	I	rederick		Minutes	F	rede	rick			10-1	,
	d. NAME OF HOSPIT	AL OR INSTITUTION (i	not in hosp	oitel, give straet eddress)	d. STREET AC	DDRESS					A FARM?
/		erick Memor	ial Ho	ospital	I		n Hills			YES _	NO E
1	NAME OF DECEASED	First		Middle	Last		4. DATE OF	Month	b	ey Yee	er
	(Type or print)	JAMES		н.	GOODMAN		DEATH	Febr	uary 2	6- 19	66
1	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	47.4			IF UNDER 1 YE		R 24 HRS.
	Male	White	WIDOWED		June 2- 1	.905	la la	60 yrs.	Months Dey	/s Hours	Min.
	loe. USUAL OCCUPATI done during most of wo	ON (Give kind of work	10b. KII	ND OF BUSINESS OR INDU	TRY 11. BIRTHPLAC	E (County	& State, or for	eign country)	12. CITIZEN	N OF WHAT	COUNTRY?
	Owner		Elec	ctronic Shop	Freder	ick-	Md.		U.S	.A.	
	13. FATHER'S NAME				14. MOTHER'S M	AAIDEN N	AME				
	James	Monroe Goo	dman		Mar	v Es	telle H	oke			
	IS. WAS DECEASED EVE (Yes, no, or unkown) (If			SOCIAL SECURITY NO. 17	INFORMANT			Address			
	No		23	1 16 8949 N	rs. Eliz.	Good	man-(Sa	me as	Item #2)	
	18. CAUSE OF D	EATH [Entar only one	ceuse per li						1	INTERVAL BE	
Н		H WAS CAUSED 8Y:	(1	. To Con	rary VI	2 -	hen.	-		ONSET AND	DEATH
1	4201		-	and con						· u L	フート
1	1 2 1	DUE TO	11.	+	rote Ca	. /	- 11 .	0			
Т	Conditions, if any geve rise to immedia	ate ceuse	Uy	reries an	when a	rou	000	scul	ar		
	(a), steting the un		n.	, 7	-071	-					
1.	ceuse lest.) (c)_	Du.	reard wil	x dype	Men	un				
9	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE	: TERMINA	AL DISEASE CO	NDITION GIV	EN IN PART I(e	PERFO	ORMED?
	S ACCIDENT W	AS LINIDERLYING CO. I				-				YES _	NO X
0 0 0	PART II. OTHER 20e. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RED. (Enter nature of	în j ury în f	Part I or Pert II o	f item 18.)			
			r 120d. II	NJURY OCCURRED 20e.	PLACE OF INJURY (Ho	me, ferm.	20f. (City or	town	(County)		(State)
19	20c. TIME OF INJUI		While	Not While	actory, street, office bl		1	,	(555)		(5.5.5)
1		19	et work	0	10/		/ -	-/	1		
П	21. I certify th	hat (I) (this hospit	al) attend	led the deceased from	n/2/20	, 19	964. to!	2/3/	المناقبة المناقب المنا	:, that (I)	(we) last
	saw the deceas	ed alive on	1 24	1966, and th	at death occurred	a/0.1	M, from th	e causes a	nd on the		
	22a. SIGNATURE	11/1	0		ATTENDING	ME	:D	STAFF		221	ALGNED
		1.(1.)	10	arres				PHYS.	Feb.	28-19	66
	22c, PHYSICIAMS NAME (Type)				22d. ADDRE	SS					
	TOTAL (Type)	Dr. A.A.	Pearre		4 E.	Chur	ch St	Freder	ck-lud.	21701	
2	3e. BURIAL, CREMATIC	ON, 23b. DATE THER	EOF	23c. NAME OF CEMETER	Y OR CREMATORY		23d. LOCATI	ON (City, tow	n or county)	(\$	Stete)
	REMOVAL (Specify)	March 2	-1.966	Mt. Olivet C	emetery		Frede	rick- N	d. 217	01	
1				W ADDRESS FLA		Sp., PEC'I	BY REGISTRA		STRAR'S SIG		
	M.R. Etch	ison & Son-		Frederick, M	d. 21701 0	MAK	4 136	10	carles	Judge	
3								- 1			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Pluods PLACE OF DEATH 2. USUAL RESIDENCE (Whare dagased livad, If institution: Residence before admission) b. commederick by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) þ 24 Wa Traite BURAL and dive marast town Walkersville vears filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ONLA FARM? TON PA 3. NAME OF 4. DATE Month DECEASED OF (Typa or print) DEATH 6. COLOR OF RACE 7. MARRIED IF UNDER 24 HRS. 5. SEX AGE (In years | IF UNDER 1 YEAR O las birthday) White 22,1882 Months Male Feb. WIDOWED physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dene during most of working life Tevan if retired) U.S.A. Own Farm Maryland please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Grossnickle Scline Warner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (You, no, or unkown) (Ifyes giva war or dates of sarvica) Walkersville, Md. Mrs. Cyrus Schroyer permit. been signed by 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] INTERVAL BETWEEN 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation IMMEDIATE CAUSE (a) burial-transit DUE TO affending gave risa to immadiate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY SE 9 CERTIFICATION PERFORMED? use prior NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ŏ factory, streat, office bldg., atc.) While Not While Hour a.m. DIRECTOR: at work at work D.m. (this hospital) attended the deceased from. and that death occurred a MAM, from the causes and on the date stated above. shoul saw the deceased alive on... 22b. DATE 22a. SIGNATURI ATTENDING death. Page 4 HOSPITAL page with t DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN' ector, 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 0.0 Feb. 22, 1966 Grossnickle Church Bren. Frederick Co. Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 5-63



RYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO 24

1966

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO /

(Stete)

22b. DATE

SIGNED

19.66, that (I) (we) last

(County)

Dey

20M 5-63

Deny taken Hally Harman of Hotels 511 Than I Person GUSTAY ENIL GULDRANDSEN The first transfer of the same The second Fix the party of the the late of the same MARKAMAN TELEFORMAN CONTRACTOR CONTRACTOR ARTHURS WAS THEN LINE MENTAND THE THEORY PROSECULOR Sugar to the the the last the Comment

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission a. COUNTY Frederick Maryland by the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown)
Myersville 10 vears Myersville filled in Pages 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS completely papers. 3. NAME OF Middle 4. DATE Last 72 DECEASED (Type or print) CARROLL I.I.OYD HARSHMAN DEATH carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH pue male white WIDOWED [DIVORCED T physician 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY гетоме State, or foreign country) dona during most of working life, even if retired)
Retired Mechanic Automobile Frederick Co. Md. any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending John F. Harshman Annie Harshman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) no the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] been signed by arcenoma of Colon PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (a), steting the underlying has cause lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY certificate CERTIFICATION as use prior 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH Po detached é 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 200, PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work et work p.m. DIRECTOR 21. I certify that (1) (this hospital) attended the deceased from.... 3 should saw the deceased alive on Tas1966., and that death occurred at 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D death. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Elmer Harr Middletown, Md. director, g 23c. NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, 23b. DATE THEREOF Feb.4.1966 United Brethern

ittle, Myersville, Md FEB

c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) e. IS RESIDENCE ON A FARM? YES NO X Month Day Year February 1966 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Mrs. Naomi K. Harshman, Myersville, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO L (County) (Slota) 196 that (1) (we) last M, from the causes and on the date stated above. 22b. DATE SIGNED 23d. LOCATION (City, town or county) (Stata) Myersville, Fred. Co. Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966

ederick

VR A15 (4)

24 FUNERAL DIRECTOR'S SIGNATURE

TARREST OF THE PROPERTY OF THE The Line of the second . P. . TROPS TONES die a stituto, spring, de seb MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission 1. PLACE OF DEATH a. COUNTY P. CONTA Frederick Maryland rederick MARYLAND c. CITY OR TOWN (If outside corporate limits, writa RURAL and give neerast town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 Rural - Myersvil vears Rural - Mversville . IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES TO NO Route 4. DATE Month Middle 3. NAME OF DECEASED OF DEATH (Type or print) T.ATIRA ELIZABETH HARSHMAN February 19 66 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months 1882 female WIDOWED T 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) U.S.A. Frederick Co. Md. housewife own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Dallas Gaver Martha Hessong 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) Chas. W. Harshman. Myersville. Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH littler only one cause per line for (a), (b), and (c). ONSET AND DEATH 2 days PART I. DEATH WAS CAUSED BY: Cardiac failure IMMEDIATE CAUSE (e) DUE TO Generalized arteriosclerosis 10 years Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO K 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (Stete) 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer fectory, streat, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 3-2, 1955, to 2-24, 1966, that (I) (we) last saw the deceased alive on 2-23 1966, and that death occurred at OA. M, from the causes and on the date stated above. 22e. SIGNATURE SIGNED ATTENDING STAFF 2-25-66 PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSTCIAN'S

death. Page 4 director, be filed 5 P VR A15 (4) 1SM 7-62

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certificate has been signed by

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burial-transit

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DIRECTOR

HOSPITAL

plnods

use

24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Spacify)

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

NAME (Type) Charles F. Hess, M.D.

1966

23c. NAME OF CEMETERY OR CREMATORY Grossnickle's

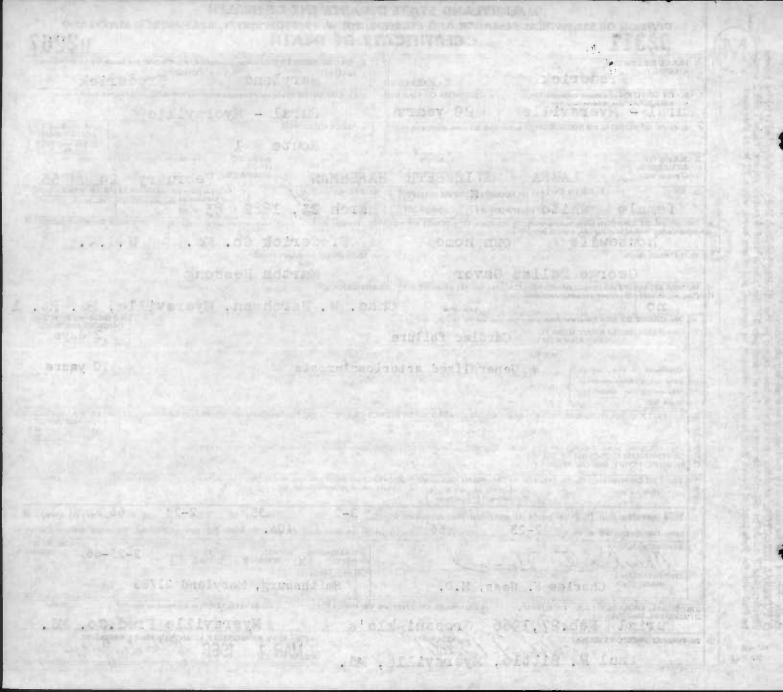
Myersville. Md.

23d. LOCATION (City, town or county)

Mversville Fred.Co. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S

(State)

Smithsburg, Maryland 21783



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before edmission) a. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporeta limits, deat c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) P an write RURAL end give neerest town 24 Frederick Frederick 5 yrs. Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 327 South Jefferson St. South Jefferson St. YES NO completely papers. NAME OF DATE Last DECEASED OF (Type or print) Elizabeth Martha Marcella Heffner DEATH February 8-19 66 carboa With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS and lest birthday) Months Female WIDOWED DIVORCED T May 26- 1877 physician 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Homemaker Frederick Co. Md. U.S.A. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = attending and Oliver Hoffman Charlotte Zimmerman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres Frederick- Md. (Yes, no, or unkown) | (If yas give war or detes of sarvica) 214-48-4306 Mrs. Edward B. Jones-Jr .- 327 S. Jefferson St. permit. 1B. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). physician. INTERVAL BETWEEN signed by ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) cremation, burial-transit orterio-solerosis aftending peen Conditions, if any, which geve rise to immadieta ceusa DUE TO (a), steting the underlying burial, has ceuse lest. (c) the 0 PHYSICIAN: DIRECTOR: After this certificate 3 should be detached for use as th PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY CERTIFICATION hospital 8 0 PERFORMED? NO P prior 20e. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I of Pert II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL ATTENDING be retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) fectory, street, office bldg., atc.) Not While ō et work [et work 21. I certify that (I) (this hospital) attended the deceased from ... State 1960, and that death occurred at 45th, from the causes and on the date stated above saw the deceased alive on... may 22a. SIGNATURE 22b. DATE ATTENDING Feb. 9-1966 IGNED the the 50 DIRECTOR PHYS. PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) B.C. Thomas. Jr Professional Bldg .- Frederick, Md. ector, filed 23m. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0.58 Feb. 11-1966 Mt. Olivet Cemetery Frederick- Md. 21701 24 FUNERAL DIRECTOR'S SIGNATURE Elwood T. ADDRESS Whitmore 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Frederick, Md. 21701 VR AI5 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

Rassi Appending . 327 Court 20 Come of the SEY TOOLK DESTREES IN THE SECOND TO BE The state of the s . SH - Solvanos germer, and the Burger will be the . No. 101 - Day . - Trede Lat, Ma. з February 11-1966 Mt. Olivet Complete State State State and Complete State Stat 1. T. Stodiech C. Experience Sendingly, Mr. Experience Services

	WAKILAND STATE DEPAKTME	INI OF REALIR	
DIVISION OF STATISTIC	CAL RESEARCH AND RECORDS, 301 W. P.	PRESTON STREET, BALTIMORE 1, MAR	YLAND
19213	CERTIFICATE OF DI	EATH	029

1. PLACE OF DEATH	rederick	MARYLAND	2. USUAL RESIDENCE (Wheel STATE Maryland	re deceased lived, If Institu b. COUNTY	Frederick
b. CITY OR TOWN (f outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporete limits, write RUR	
write RURAL and	rederick	lifetime	Frederic		10-1
	AL OR INSTITUTION (if not in)		d. STREET ADDRESS		IS RESIDENCE
20	04 West College	Terrace	204 West	College Terr	race YES NO X
3. NAME OF DECEASED	First	Middle	Last 4. DA		Dey Yeer
(Type or print)	CARL	LEWIS HIL		ATH February	y 16, 19 66
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UI	
Male	1472. * A .		lay 4, 1904	61 yrs. Mor	nths Days Hours Min.
Os. USUAL OCCUPAT	ON (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY		e, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	rking life even if retired) 10e Store	Shoe Store	Frederick, Ma	aryland	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Harry M. I	Hildebrand		Viola Michael		
		6. SOCIAL SECURITY NO. 17. II	IFORMANT	Address	
No unkown)	yes give wer or detes of service)	214/10/1296 Mr	s. Bessie H. Hi:	Idebrand 204	4 W. College Ter.
18. CAUSE OF D	EATH [Enter only one cause pe	er line for (e), (b), and (c).]		Fre	eder i cheval arwelan
	H WAS CAUSED BY:	CORONARY -	THROMBOSIS		3 minutes
H201	-147.70				
Conditions, if eny	, which) (b)	ARTERIOSCLER	ATIC NGIAN-	+ DISEMS	E Tyears
geva rise to immedi	era ceuse L	THE CENTRO SCALE	of the the	,	7000
(a), steting the u					
	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN	N PART 1(e) 19. WAS AUTOPSY
6					PERFORMED?
<u> </u>	AC INIDENIANIO EL LOGI.	TOO DE LIOU IN THE PROPERTY OF COURTS	IP	Day 11 - 6 24 10 3	YES NO X
OR CONTRIBUTING	AS UNDERLYING [] 20b. E CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(thier neture of injury in Pett 1 or i	en il of item is.)	
20c. TIME OF INJU	RY Month, Day, Yeer 20			(City or town)	(County) (Stete)
Hour a.m.		hile Not While tecto	ry, street, office bldg., etc.)		
	17	ended the deceased from	9/10 1054	10 9/1/	10/16 that (1)(1) last
	14 /				on the date stated above.
220. SIGNATURE	DOOP 6) 01	ATTENDING MED.	STAFF	ebruary 16, 1966
22c. PHYSICIAN'S	estered 6 10	rejustel, M.	PHYS. DIRECTOR	PHYS. P'	ebruary 16, 1966
NAME (Type)	Dr. Richard C.	Reynolds MD	004	se Avenue Fr	rederick, Md.
23a. BURIAL, CREMATI	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d.	LOCATION (City, town or	r county) (Stete)
REMOVAL (Specify)		Mount Olivet	Cemetery F:	rederick, Man	ryland
24 FUNERAL DIRECTOR	1	ADDRESS		EGISTRAR 256. REGISTR	RAR'S SIGNATURE
Robert E	CHERRY !	Frederick. Ma	ryland FEB 21	1966 Jelio	was Judge
MUUCI C L	barrel a boll	"Ledelick We	TATAMAIN	1000	7 ()

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should, be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	tempi (mibile		Harry 1. Sillebroud
Telephone Telephone Ter	bre, bessle M. Mitterrand	3/21/01/01/	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH

)	02314	CERTIFICATI	E OF DEATH		02270
1.	PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where d a. STATE Marvland	b. COUNTY Frederick	
H	b. CITY OR TOWN (if outside corporate write RURAL and give nearest town) Frederick	noure	c. CITY OR TOWN (If outside co	orporate limits, write RURAL	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	ederick Memorial Hosp	ital	1507 Rosemont Av	enue .	YES NO X
3.	NAME OF First DECEASED (Type or print) GEORGE	Middle *	Last 4. DATE OF DEAT	H February	Day Year 27 1966
5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		Jast birthday) Months	1 YEAR IF UNDER 24 HRS. Oays Hours Min.
	Male White		October 17,1903	62 yrs.	
dui	a. USUAL OCCUPATION (Give kind of work do ling most of working life, even if retired)	- INDUSTRY	11. BIRTHPLACE (County & Stat	C	ITIZEN OF WHAT DUNTRY?
	Retired	Sears-Roebuck Co.	Rocky Springs,M		J.S.A.
13	FATHER'S NAME	(3)	14. MOTHER'S MAIDEN NAME	a	
- 45	Joseph F. Hildebran		Eleanor Main		STAY MADE
(Y	. WAS DECEASED EVER IN U.S. ARMED FORC es, no, or unkown) (If yes give war or dates of se	rvice)	INFORMANT	Address	
	No		rs. Thelma Hildeb	rand(Same as i	tem#2)
	18. CAUSE OF DEATH [Enter only one of				ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	My yourship	I Infa	din	1 Day
	4201 OUE TO	0	I Infant	0. •	1,
	Conditions, if any, which gave rise to immediate (b)	arterio soles	tu Must	1) aluxe	yeurs
7	cause (a), stating the OUE TO underlying cause last.)			
TIO	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA	ATEO TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICA	Control of the Contro	Distetes	n ellitin		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINED		JRRED. (Enter nature of Injury in	Part I or Part II of Item 18	.)
MEDICAL	20c. TIME OF INJURY Month, Oay, Yes	facto	CE OF INJURY (Home, farm, 20f.	(City or town) (Cou	inty) (State)
MED	Hour a.m. p.m. 19	While at work at work		M RD (I)	Cally Deally
	21. I certify that (I) (this hospital	al) attended the deceased from J	16 15 1962 to	27 Ect , 19 0	that (I) (we) last
	saw the deceased alive on	1 20 19 66, and that		from the causes and on t	
	22a. SIGNATURE		ATTENDING MED		ATE SIGNED
	Jan on	Serve M.C		PHYS. Feb.	27, 1966
. 9	22c. PHYSICIAN'S		22d. ADDRESS	454 14	
	NAME (Type) Thomas	S B. SOONE	Treve	mix, on	2
238	noma	EREOF 23c. NAME OF CEMETERY		LOCATION (City, town or co	unty) (State)
	Burial, CREMATION, 23b. DATE THI REMOVAL (Specify) Burial March 2	EREOF 23c. NAME OF CEMETERY 1966 Rocky Springs	OR CREMATORY 23d. Cemetery Fre	LOCATION (City, town or considerick, Maryla	and
	BURIAL CREMATION, 23b. DATE THI REMOVAL (Specify)		OR CREMATORY 23d. Cemetery Fre	LOCATION (City, town or co	and 's signature

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiology completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and m any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6		02315		CERTIFIC	CATE	OF DEATH			()	2271	
	1.	PLACE OF DEATH a. COUNTY	Frederick	MARYL MARYL	2.	usual Residence	E (Where de	1 - 011111	TV -	dence before a	-
		b. CITY OR TOWN write RURAL a Freder:	(If outside corporate lir nd give nearest town) LCK			c. CITY OR TOWN (If outside corporate limits, write RURAL Thurmont				0-1	
4	Fr	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prederick Memorial Hospital			idress) d.	d. STREET ADDRESS 413 E. Main St.				e. IS RES	FARM?
		NAME OF DECEASED (Type or print)	CLARA First	CATHERINE		Last	4. DATE OF DEATH	,	RY		66
		Female	White w	MARRIED NEVER MARRIED VIDOWED DIVORCED	May		02	AGE (In years last birthday) yrs.	Months D	ays Hours	Min.
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator Sewing Factory			ry	11. BIRTHPLACE (County & State, or foreign country) 12. C				OUNTRY?	
	Allen D. Hoover 14. MOTHER'S MAIDEN NAME Clara Fisher										
	15 (Ye	WAS DECEASED EV 3, no, or unkown)	/ER IN U.S. ARMED FORCE If yes give war or dates of serv	16. SOCIAL SECURITY ND. (102) 215-10-2498		RMANT Hoover	413	Addres E. Main	-	rmont	, Md.
			TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	use per line for (a), (b), and (c) CEREBRAL THE		05/5				ONSET AND	DEATH
		Conditions, If a gave rise to cause (a), sta underlying cause	immediate DUE TO	HYPERTENSIVE	CAI	QUICUASE	ULAR	DISEASE	6	8'-10 y	rs_
	CERTIFICATION		(0)	CONTRIBUTING TO DEATH BUTN	OT RELATED	TOTHETERMINAL	DISEASECON	IDITION GIVEN IN	PART 1(a)	19. WAS A PERFOR	UTOPSY RMED?
0		20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOT	VAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF II Hour a.m. p.m		While Not While at work	factory, s	F INJURY (Home, fa treet, office bldg., e	arm, 20f.	(City or town)	(Coun	ty)	(State)
		saw the dec	eased alive on 2/	1) attended the deceased fr 13 1966, a	nd that de	ath occurred at	966, to.		and on the		
1		22a SIGNATUR Rukur 22c. PHYSICIAN NAME (TY)	C. Keyns	C. Reynolds	M.D. 1	ATTENDING PHYS. 22d. ADDRESS 804 Tol	MED. DIRECTOR (STAFF PHYS. Se Ave.	2/1	4/66 deric	k, Me
1	232	BURIAL, CREMA	23b. DATE THEF 2-17-66		METERY OR Breth			ocation (city, to	Bred.		Mar .
000	24	FUNERAL DIRECT	rd Elea	ADDRESS Thurmon	t, Md	2001 112	C'D BY REG	8/2	egistrar's liante	SIGNATURE Judge	

VR A15 (4) 15M 4-64 17350 TVANT - IS TO THE PARTY TO THE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12316 CERTIFICATE OF DEATH 02316 112979

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)				
•. COUNTY Frederick MARYLAND	a. STATE b. COUNTY				
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	Maryland Frederick c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town)				
write RURAL end give neerest town)					
Frederick Month	Route # 5 /0 -/				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?				
Frederick Nursing & Conv. Center	Old Braddock				
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yaer				
(Typa or print)	VKINS DEATH February 16 1966				
Noall De	D. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
35 a	last birthdey) Months Deys Hours Min.				
	December 2, 1890 75 yrs.				
done during most of working life, even if retirad)					
Retired B & O Railroad	New Market, Virginia U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
William T. Jenkins	Elizabeth T. Sheets				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19 (Yes, no, or unknown) (Ifyesgivewerordefesofservice)	INFORMANT Address				
	s. Katherine Jenkins(Same as item #2)				
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) TOOLNO CARCINO	MA Signer & Colon ONSEI AND DEATH				
15 55 DUE TO					
Conditions, if eny, which geverise to immediate cause (b)					
(e), steting the underlying DUE TO					
causa lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
THE STATE OF THE S	PERFORMED?				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH USE THERE, NOTIFY MEDICAL EXAMINER	ED. (Enter neture of Injury in Pert I or Pert II of item 18.)				
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)				
Hour e.m. WhileNot While	lory, street, office bldg., etc.)				
p.m. 19 et work et work					
21. I certify that (I) (this hospital) attended the deceased from.	2/15 , 1966, to 2/16 , 1966, that (1) (we) last				
saw the deceased alive on 2//6 194.6, and that	death occurred at				
22e. SIGNATURE	22b. DATE				
Altoiner M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D				
22c. PHYSICIAN'S	22d. ADDRESS				
NAME (Type)	Frederick Medical Center, Frederick, Md.				
J. R/ Poirer, M.D. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY					
PEMOVAL (Specify)	100				
24 FUNERAL DIRECTOR'S SIGNATURE HOUGH MADDRESS Fade	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE				
M.R.Etchison & Son, Frederick, Marylan	d FEB 21 1966 gcharles Judge				

executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02317		TI	CERTIFICA	3 7 / 1 / / / /	20.00				02	273	
1.	Freder:	ick	1 veni	MARYLAND	New STA	Residence (v York	Vhere decea	ased lived, If ins b. COUR	stitution: Re	esidence	before ad	mission)
Rı	iral Mic	N (if outside corpora and rive bearest tow and recover	m)	c. LENGTH OF STAY IN 15 5 years		R TOWN (If outs	lde corpo	orate limits, wr	ite RURAL	and glv	e neares	t town)
1	d. NAME OF HOS	view Nurs	ing Ho	spital, give street address Me	d. STREET	ADDRESS					DN A F	DENCE ARM?
	NAME DF DECEASED (Type or print)	Antio		Middle	Las Ke.	lly 4.	DATE DF DEATH	Feb.	h	Day 3	Yea 19	
_	emale	6. CDLOR DR RACE White	7. MARRIED [WIDOWED]	7.2	s. DATE DF	22,188		AGE (In years last birthday) 70 yrs.		Days	Hours	24 HRS. Min.
10a	I USUAL OCCUPATION MOST OF WORK	IDN (Give kind of work inglife, even if retire		ND DF BUSINESS OR DUSTRY	New .	HPLACE (County York	& State, o	er foreign country	U . CO	TIZEN C UNTRY	F WHAT	
13.	FATHER'S NAM	E			14. MOTH	IER'S MAIDEN N	IAME					
15 (Ye		EVER IN U.S. ARMED FO (If yes give war or dates o	f couries)		. INFORMANT	n Chipl	. 6у	Frede		, N	ſd.	
CERTIFICATION	PART I. DE Conditions, If gave rise to cause (a), st underlying caus PART II. DTHER S	TATH WAS CAUSED BY IMMEDIATE CAUSE DUE any, which Immediate lating the le last.	(a) CONTRIBUTIONS CONTRIBUTION	TING TO DEATH BUT NOT RE	- 157 15		SECONDI			ONSI	WAS AU	TDPSY
MEDICAL CER	20c. TIME OF Hour a.n p.r	INJURY Month, Day, n. 19 y that (I) (this host ceased alive on RE WEST	Year 20d. IN While at work	Not While at work department of the deceased from and the second from and the second from the	of 24 at death occ ATTENDI	urred at MED.	, to _M, from	2/3 In the causes STAFF PHYS. arylane	22b. DA	6, the	at (I) (w	
	Burry Mad (she	eclfy)	THEREDF		ry or cremated and some control of the control of t	netery	New	ATION (City, to York		1	(Sta	ite)
	FUNERAL DIRE		Middle	town, Mary	land	DATE REC'D B	REGIST	955 R	EGISTRAR'S		udgi	d.

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

shoote by the and 2 death. papers. Pag n 72 hours carbon part, within pue certificate ding p death permit. physician. been signed by burial-transit affending detached for it. of Health pr After this DIRECTOR: Pe should FUNERAL page with t HOSPITAL filed v D di VR A1S (4) 20M S-63

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	MARYLAND :	STATE	DEPART	MENT OF	HEALTH		
CAL	RESEARCH AN	ID RECOI	RDS, 301 W	. PRESTON	STREET, E	BALTIMORE 1,	MARYLAND
	CEF	RTIFICA	ATE OF	DEATH			02275

1. PLACE OF DEATH 2. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Masiviand b. County b. County county derick							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Rural Rural and rive representation 5 years	Middletown 10-1							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS e. IS RESIDENCE on a FARM2_							
Valley View Nursing Home	YES NO T							
3. NAME DF DECEASED (Type or print) DECEASED Alice	Koogle 4. Date Month Day Year 20 19 66							
Female White WIDOWED DIVORCED	8. DATE OF BIRTH Sept.19,1872 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKeeper OWN HOME	11. BIRTHPLACE (County & State, or foreign country) Maryland 12. CITIZEN OF WHAT U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Charles W. Koogle	Amanda Main							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address							
(Yes, no, or unkown) (If yes give war or dates of service)	ames Zimmerman Frederick, Md.							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) USE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c)	d Arteriescherosis ONSET AND DEATH							
ICAT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)							
	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) 20f. (City or town) (County) (State)							
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 196, and that	t death occurred at 1:00 M, from the causes and on the date stated above.							
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED							
22c. PHYSICIAN'S Dr. J.Elmer Harp M.D.	D. PHYS. 17 DIRECTOR PHYS. 112-20.00 22d. ADDRESS Middletown, Maryland							
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL (Specify) Feb. 23, 1966 Lutheran C	emetery Middletown, Md.							
Gladhill Co. Middletown, Md	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIFE B 2 3 1966 Charles Judge							

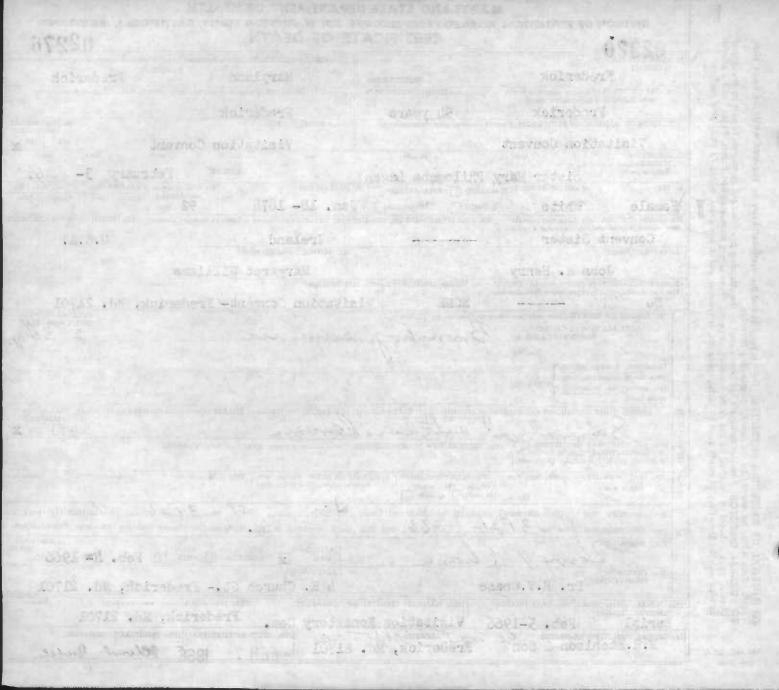
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02320			CERTIFICA	ATE OF DEAT	i H		1	12276
1. PLACE OF DEAT	н			2. USUAL RESIDEN	ICE (Where dec			nca befora admission)
Fr	ederick		MARYLAND		land	b. COUN	Frede	rick
	if outside corporate lim d giva neerast town)	its,	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside corpo	rete limits, write	RURAL and give	neerest town)
_	rederick		54 years	Fred	derick			10-1
d. NAME OF HOSPI	TAL OR INSTITUTION	if not in hos	pitel, give street eddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Visit.a	tion Conve	nt.		Viet	tation	Convent		YES NO
3. NAME OF	First		Middle	Lest	4. DATE	Month	Dey	
(Type or print)	Ciaton M	De Die	dlamana Tanan		OF DEATH	Feb	ruary 3	B= 1966
5. SEX	16. COLOR OR RACE	T MADDI	ilomena Lagar	8. DATE OF BIRTH	19.		IF UNDER 1 YEAR	
Fomolo						lest birthdey)	Months Days	Hours Min.
Female	White	WIDOWE		Jan. 18- 187	-	92 yrs.	110 61717511	OF WILLY COUNTRY
dona during most of we	orking life, even if retire	ad)	IND OF BUSINESS OK INDUS	STRY 11. BIRTHPLACE (Cou	nty & State, or to	oreign country)	12. CITIZEN	OF WHAT COUNTRY
Convent	Sister	-		Ireland			U.S	5.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	hn M. Henry			Margar	et Will	iams		
15. WAS DECEASED EV (Yas, no, or unkown) (ER IN U.S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Address		
No		- 1	NONE V	isitation Con	vent- F	rederic	k. Md. 2	1701
18. CAUSE OF I	DEATH [Entar only one	cause par	ina for (a), (b), end (c).]				11	NTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	73	-achor	Carana mada	1		0	2 - 3
11911	DUE TO		to restor be	y and you			= 1	2 Jours
Conditions, if any	1.1.1						1000	77. 7
geve rise to immed	ieta ceuse							
(a), steting tha u	inderlying DUE TO						100 000	
ceuse lest.) (c)							
AND PART II. OTHE	K SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART I(e)	PERFORMED?
3 20	nevaly	est	anterior	Devous				YES NO
2Da. ACCIDENT W OR CONTRIBUTING UIF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY OCCUP	RED. (Enter nature of injury	in Part I or Pert II	of item 18.)		
UF EITHER, NOTIFY	MEDICAL EXAMINER)							
ZDc. TIME OF INJU	JRY Month, Dey, Ya	ar 2Dd.		LACE OF INJURY (Home, far		or town)	(County)	(Steta)
Hour a.m.		While et wor		ectory, streat, office bldg., et	c.)			
	19		0 0,	Na	1055	75.1	10//	
	つ つ		ded the deceased from					that (I) (we) last
saw the decea	sed alive on	م م	.r196.6., and th	at death occurred at 6	D.M. from	the causes a	and on the da	
22e. SIGNATURE)/ //	-	/	ATTENDING	MED.	STAFF		22b. DATE SIGNED
/	ferry 1.	- (1	iare	1111 Page	DIRECTOR [PHYS.	Feb. 4-	1966
22c. PHYSIGIAN'S NAME (Type				22d. ADDRESS		9		
	Dr. H.V.C	hase		4 E. Chur	ch St	Freder	ick, Md.	21701
23a. BURIAL, CREMAT	ION, 23b. DATE THE	REOF	23c. NAME OF CEMETER	Y OR CREMATORY	1000	TION (City, tov		(Stata)
REMOVAL (Specify)		1966	Visitation M	onastery Cem-	Fred	erick, 1	Md. 2170	1.
24 FUNERAL DIRECTO	R'S SIGNATURE	Course	1 TADDRESS WEST		,		GISTRAR'S SIGNA	
M.R.Etcl			Frederick, Md	. 21701 DATE	P 7 4	occ &	Blesselas	0.100
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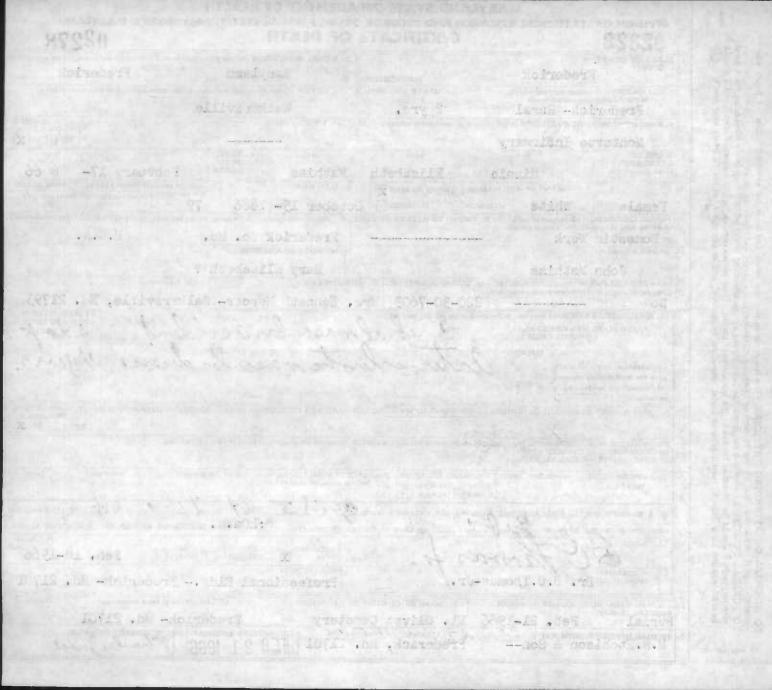
MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) . COUNTY I director. Page or your files. necessary, 0 MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (II outside eorporate limits, write RURAL end give neerest town) &. LENGTH OF STAY IN 16 Department death. write RURAL and give neerest town) for your ER E S d. NAME OF HOSPITAL OR INSTITUTION (il not în hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE in pencil in then 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained in the state of the stat ON A FARM? MARKE YES NO R Frederick Hotel 3. NAME OF Middle DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Deys WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working lile, even il rettred 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN Address | (If yes give wer or dates of service) Office along with MEDICAL EXAMINER: This certificate should be executed CAUSE OF DEATH |Enter only one cause INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e DUE TO if eny, which cremation "pending" geve rise to immediate cause lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as a lealth or its designated agent, prior to burial, cremation DUE TO (e), stetling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY CERTIFICATION burial PERFORMED? NO TT 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY T or CONTRIBUTING CAUSE OF DEATH. WEDICAL d 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) agent, Hour e.m. While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion designated death resulted from: Naturel causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 12 TO DEPUTY DEPUTY MEDICAL EXAMINER TO 8 EXAMINER'S B.O. Thomas, Sr. TO FO. Health NAME (Type) M.D. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stete) REMOVAL (Specily) UDON EMA 23. FUNERAL DIRECTOR REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE ADDRESS 240. VR A15ME 1956 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearest town) Walkersville Frederick- Rural Vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K Monteyue Infirmary 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED OF (Type or print) DEATH Minnie Elizabeth Mathias February 17-19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Min. October 15- 1886 Female White WIDOWED DIVORCED | 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retirad U.S.A. Domestic Work Frederick Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Mathias Mary Elizabeth ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give we ror datas of servica) Mrs. Kenneth Mercer- Walkersville, Md. 21793 No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (a). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immadiata cause DUE TO (e), stating the undarlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES T NO K 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Whila Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from ... : LOB (18 the causes and on the date stated above saw the deceased alive on. and that death occurred 22b. DATE 22a. SIGNATUR Feb. 18-1966 ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Dr. B.O. Thomas Professional Bldg .- Frederick- Md. 21701 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or counfy) (State) REMOVAL (Spacify) Mt. Olivet Cemetery Frederick- Md. 2170] L T ADDRESS REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE Son-38

VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY rederick o. COUNTY Maryland Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Brunswick IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES NOT Middle 4. DATE Month Year Doy 3. NAME OF First OF 19 66 Jeff chew DECEASED Wayne Moss DEATH (Type or print) IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdoy) Hours II-29-65 DIVORCED WIDOWED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Glinda D. Anderson Harold W. Moss 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. Mother INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crib-Death IMMEDIATE CAUSE (o) DUF TO unknown cause County Medical Examiner, Thomas, Sr. was notified Dr. B.O. DUE TO 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from Nov. 29, 1965, to Feb. 3, 1966, that (I) (we) last saw the deceased that a Feb. 3, 1966, and that death occurred at 4A.M, from couses and an the date stated above. 22b. DATE SIGNED ATTENDING Feb. 4, 1966 X M.D. PHYS DIRECTOR 22d ADDRESS Gum Spring Hollow Brunswick, Md. NAME (Type)

(County)

(Stote)

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Conditions, if ony, which gove rise to immediate couse (a). stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 22o. SIGNATURE 22c. PHYSICIAN'S C.T. Byron Kao, M.D. 230. BURIAL, CREMATION,
PREMOVAL (Specify) 23b. DATE THEREOF 2-5-66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Park Heights Cemetery Brunswick Fred; Maryland 2Sb. REGISTRAR'S SIGNATURE Brungarsek Md. 2So. REC'D BY REGISTRAR Elianles DATE- A

VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospitol or attending physicion.

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After

O FUNERAL DIRECTOR:

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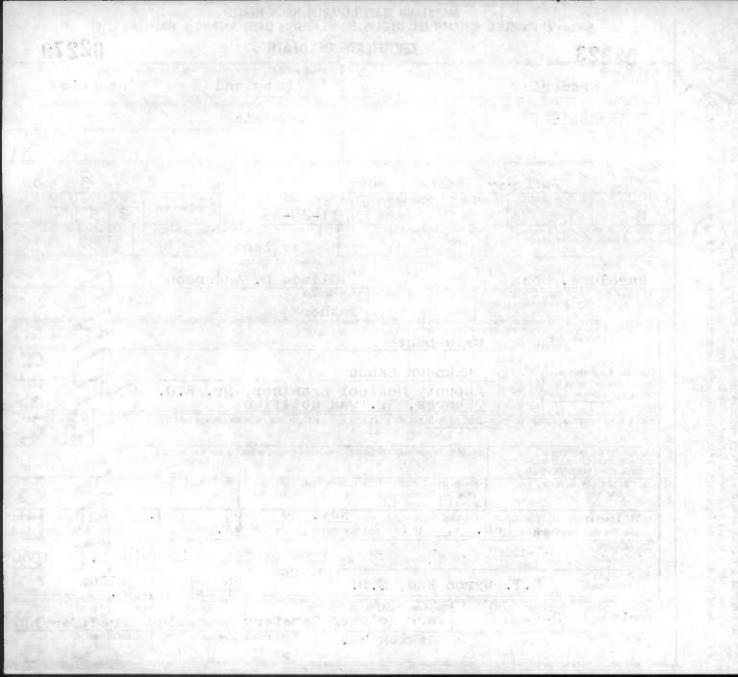
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director, page 3 should be filed v

MEDICAL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, RAITIMORE 1, MARYLAND

02324		CERTIFICAT	E OF DEATH	I	95	2280			
a. COUNTY	ederick	MARYLANO	a. STATE Mar	CE (Where deceased lived, If In b. COUI	NTY Freder	ick			
Frederic		Since 2/11/66	1	outside corporate limits, w Market 21774		lve nearest town)			
d. NAME OF HO	SPITAL OR INSTITUTION (if no k Memorial Hosp	ot in hospital, give street address)	d. STREET AOORESS			e. IS RESIDENCE ON A FARM? YES NO X			
3. NAME OF DECEASED (Type or print)	First BLANCHE		Last ERS	4. DATE Mont	th Oay				
5. SEX Female	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED OWED DIVORCED X	3. OATE OF BIRTH 28 Dec 1888	9. AGE (In years last birthday) 77 yrs.	Months Oays	Hours Min.			
House-we	ork	10b. KINO OF BUSINESS OR INDUSTRY Own Home	Maryland	ounty & State, or foreign country	y) 12. CITIZEN COUNTR	Y?			
	L. Shuffler			(Last name unk					
15. WAS DECEASED (Yes, no, or unkown) No	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service	,,,,	. Helen M.	Addre Stup (Same as	s item #2	!)			
Cenditions, If gave rise to cause (a), s underlying cau:	Immediate out to stating the se last.	Myseardis ITRIBUTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL O	tion of At. For		Was AUTOPSY PERFORMED?			
PART II. OTHER 2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING 2 ING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	Injury In Part I or Part II (ES NO X			
Hour a.	m.		CE OF INJURY (Home, fa ry, street, office bldg., et		(County)	(State)			
saw the de	21. I certify that (I) (this hospital) attended the deceased from Aler 10, 1966, to Feb 15, 1966, that (I) (we) last saw the deceased alive on Feb 15 and that death occurred at 95 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO								
22c. PHYSICIA NAME (T		M.D. M. D.	PHYS. 22d. ADDRESS	MED. STAFF PHYS. Medical Cente	r, Fred'	1966 k, Md.			
23a. BURIAL, CREA REMOVAL (Sp Burial	MATION, 23b. DATE THEREO 2/18/66	F 23c. NAME OF CEMETERY Mount Olivet		23d. LOCATION (City, t		(State)			
M. R. E1	tchison & Son,	Frederick, Ma. 2	1701 JATE B	1 8 1966 F	registrar's sign	NATURE			

and 2 death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tenove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and wir any event, within 72 hours after dealth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

death.

24 hours after

VR A15 (4)

boolynal Mace C/13/All Life and Inches of Francis with , Committee than the committee of the comm the part of series and the series of the series of Lat. Attack, to any departement of the state Court I Sustain

ahd 2 death. funeral and 2 after death. after the papers. Pages hin 72 hours afte hours = filled within 72 within and completely remove carbon i event, any 5 physician pe certificate a en attending p the atten 5 death cremation. attending physician. burial-transit burial, crema à signed been sie the r prior has 38 The

3.

CERTIFICATION

CAL

and Ir for use Health certificate this certif detached for te Dept. of I be de State I After Id be d be retained should ith the DIRECTOR: age 3 should lied with the may pag O FUNERAL director, p 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a STATE Maryland COUNTY Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town) Rural Middletown Rural Middletown Yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Rfd. 1 Rfd. 1 NAME OF First Middle Last DATE Month DECEASED Myrtle February 3, Catherine (Type or print) Netz DEATH 6. COLOR OR RACE 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED 9. NEVER MARRIED last birthday) Female White September 2,1892 WIDOWED X DIVORCED [

10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Housewife Own Home U. S. A. Boonsboro, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Smith Susan Emmert 15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unknown) \ (If yes give war or dates of service) 16. SDCIAL SECURITY NO. 17. INFORMANT Address Mrs. Richard Routzahn, Middletown Rfd. 1 Md. No. None INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)

DR CONTRIBUTING CAUSE OF DEATH (County)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) MEDI Hour a.m. While Not While p.m. at work at work

21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2 P. M. from the causes and on the date stated above. saw the deceased alive pro-22a. SICNATURE 22b.

PHYSICIAN'S NAME (Type)

DUE TO

(c)

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

22d. ADDRESS

PHYS.

LOCATION (City, town or county)

PHYS.

DIRECTOR

(State)

e. IS RESIDENCE

YES

Months |

Days

19.

DATE SIGNED

YES

WAS AUTDPSY

PERFORMED?

ND [

(State)

DN A FARM?

Year

19

Hours

ND X

66

Burial FUNERAL DIRECTOR

REMOVAL_(Specify)

BURIAL, CREMATION, 1 23b.

gave rise to immediate

cause (a), stating the

underlying cause last.

Boonsboro Cemetery ADDRESS

Boonsboro, Md. 25a. REC'D BY RECISTRAR ! 25b. REGISTRAR'S SICNATURE

ohn H. Bast, Jr. 112 N. Main S. Boonsboro, Md.

DATE THEREOF

6-

HOSPITAL

ATTEMPT AND PROPERTY.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA
CERTIFICATE OF DEATH

U	1020		CERTIFICAT	E UF DEATH	1	116	282
1. PL	ACE OF DEATH COUNTY				CE (Where deceased lived, If in		nce before admission)
۵.	FREDERI	CK	MARYLAND	WHRVL		AKROL	
b.	CITY OR TOWN (if butside corpo write BURAL and give nearest t	rate limits, c. LF	NGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and	give nearest town)
1	- REDERICK		WEEK	LINN		01	6-2
d.	NAME OF HOSPITAL OR INSTITUT	ION (if not in hospitel	, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
F-RE	DERICK MEM	ORIAL H	DSPITAL	RU	RAL		YES NO A
DE	ME OF CEASED	First	Middle	D Last	4. DATE Mon	th Da	ay Year
	ype or print) E d n C	۲	A.	8. DATE OF BIRTH	DEATH 9. AGE (In years	D 4	AR IF UNDER 24 HRS.
5. SE	6. GULUR UR RAU	7. MARKIED N	EVER MARKIED	8. DATE OF BIRTH	last birthday)	Months Days	
102 115	MALE WHITE	WIDOWED WIND OF	DIVORCED 1	1 11 BIRTHPLACE (C	ounty & State, or foreign county	ry) 12. CITIZE	N OF WHAT
during	most of working life, even if reti	red) INDUST	RY,	1/2/10/12	2	COUNT	
13. F	OUSEKEEPE)	E 1/+/ /-	10 ME	14. MOTHER'S MAT	DE I DG-E	1010	2,
11	IdVIANI H.	244		SAPAIS	DELUTY		
	AS DECEASED EVER IN U.S. ARMED		LSECURITYNO. 17.	INFORMANT	Addre	ess	
(Yes, n	(If yes give war or date	s of service)	NEIN	W. DAC-F	LININDO	n N	1 .
18	B. CAUSE OF DEATH [Enter only	one cause per line for	(a), (b), and (c).]	11.40	1		TERVAL BETWEEN
	PART I. DEATH WAS CAUSED I	BY: SF (a) Suf	artion	Atho	brage	0	NSET AND DEATH
	2216	JE TO	0 0	alt !			
	enditions, If any, which	(b) Cere	hal I	Mondo	ne		WK.
ca	ange (m), stating the	UE TO	0 0	- 1	/ -	1.00	
	nderlying cause last. ART II, OTHER SIGNIFICANT CONDI	(c) - CONTRIBUTING	rale of	TED TOTHE YERMINA	DISEASE CONDITION CIVEN I	N DADT 1/2\ 11	9. WAS AUTOPSY
CERTIFICATION	D /	TIONS CONTRIBUTING	TO DEATH BOA NOT KELL	ATED TO THE TERMINAL	DISENSECONDITION GIVEN II	2(4)	PERFORMED?
E 20	DA. ACCIDENT WAS LINDERLYING	1 20b DESCRI	IRE HOW INJURY OCCI	IRRED. (Enter nature o	f Injury In Part 1 or Part 11		YES NO
EN O	DA. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF D F EITHER, NOTIFY MEDICAL EXAM	EATH MINER)	IDE HON MOOK! COO	Silves (Enter material	,	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	oc. TIME OF INJURY Month, Da	1	OCCURRED 20e. PLA	CE OF INJURY (Home, f	arm. 20f. (City or town)	(County)	(State)
MEDICAL	Hour a.m.	While - N		ory, street, office bldg., e			
Σ _	21. I certify that (I) (this ho		7	80mm 1	966 to 4 Fel	19626	that (I) (we) last
	saw the deceased alive on_		//	t death occurred at	170		
23	2a. SIGNATURE	1001					SIGNED
	Henry	V. Cha	2.9 M.I		DIRECTOR PHYS.	14Fel	-66
2	2c. PHYSICIAN'S NAME (Type)	2 21	11.000	22d. ADDRESS	1 201 5	+ 12	o lovir
020	BURIAL CREMATION 23b. DAT	E THEREOF 123c	L MAJE	4 E-, C	23e LOCATION (City,	town or county)	A (State)
12.	BURIAL, CREMATION, 23b. DAT REMOVAL (Specify)	-//-	NAME OF CEMETER	E E II I E	ADDAL.	(A / A	METAL
1	FUNERAL DIRECTOR	00 11	ADDRESS	25a. RE	C'D BY REGISTRAR 25b.	REGISTRAR'S SI	GNATURE
1	1) AL tollert	Van NEW	MININGS	O MA DEFE	3 8. 1966 00	Marela.	0.100

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

THE RESERVE OF THE PROPERTY OF THE PARTY OF and the state of t Caralle Waster Commence of the Charles Acres Contract Contrac We want work in the same and a and the second was the first the state of the same SHIND IN CHARLE 4 E. CRAPELL SE EN CHERCH The BRECKER CHANDERMACKERS BY The state of the s FOR STATE

d 3 to the funeral director. Page 0 Department for your S h the State I retained with the "pending" in pencil in Item 18. Give Pages" pending" in pencil in Item 18. Give Pages event pages File 2 permit. and MEDICAL EXAMINER: This certificate should be executed or remova burial-transit cremation m Examiner's 98 should be used burial please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial. prior agent, designated 12 DEPUTY 8

> VR A15ME 5M 1/63

alth

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporale limits, write RURAL end give neerest town) write RURAL end give nearest town) Frederick vears Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 110 N. Market St. 110 N. Market St. YES NO 3. NAME OF First Middle 4. DATE Year DECEASED (Type or print) William Mason Payne DEATH Feb. 19 66 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Male. White WIDOWED [DIVORCED Dec. 18- 1913 52 yrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Machine Operator Electric Co. Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen Payne Not available 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Frederick- Md. (Yes, no, or unkown) | (Ifyes give wer or dates of service) 219-07-9794 Mrs. Imogene W. Payne- 330 N. Market St .-18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Congestivo heart failure ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) diver DUF TO tion Conditions, if eny, which (b) geve rise to immediate cause Chronic alcoholism **DUE TO** (e), stating the underlying Myocardial fibrosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of ilem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yeer 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) factory, street, office bldg., etc.) Hour e.m. While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) B.O. Thomas, Sr. M.D. Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stele) REMOVAL (Specify) BURIAL Feb. 5-1966 Frederick Memorial Park West of Frederick- Md 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS Frederick, Md. DATE

LAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please canon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in the vent, within 72 hours after peath.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE DF DEATH		2. USUAL RESIDENCE (W	there deceased lived, If institution: R	esidence before admission)
1	a. COUNTY Frederick		a. STATE Mary	Tand b. county	Carroll /
		c. LENGTH OF STAY IN 1b		ide corporate limits, write RURAL	and give nearest town)
		1 3	M+	Airy	06-2
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	1 day	d. STREET ADDRESS	MII Y	e. IS RESIDENCE
				33 000	ON A FARM?
-	Frederick Memorial Ho			ll Ave.	YES NO A
3.	NAME DF DECEASED First	Middle /	7 1 1 1	DATE Month OF	Day Yeer
-	(Type or print)	VIAICOIM		DEATH Feb	23 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED A	DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
	Male White WIDOWED		April 23 194	18 yrs.	
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIN	ND OF BUSINESS OR DUSTRY		Ct	ITIZEN OF WHAT
	Student		Frederick	Co. Md.	J.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Ralph M. Pickett	Sn	Virgini	a L. Brightwe	11
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	DCIAL SECURITY NO. 17.	INFORMANT	Address	
(16	s, no, or unkown) (If yes give war or dates of service)	5-48-5691 M.	n Ralnh M.Pi	ckett Sr. Same	as # 2
	18. CAUSE OF DEATH [Enter only one cause per lin	11.	1 Larbir 11011	CACOO DI COM	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	a contine	Heart He	arline	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	May on C	(400)		
	Conditions, if any, which	aleti	Cla. D	Men	
	gave rise to immediate	Caro	inda	0	
	ceuse (a), stating the DUE TO	21/201.00	0100	Pancreas	
N	underlying cause last. (c) (C) PART W. PTHER SIGNIFICANT CONDITIONS CONTRIBUT	INCAD DEATH BUT NOT DELA	TED TO THE TERMINAL INSEA	SECONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
ATIC	1234 - 1 0 a a		lucy	OCCUPATION OF EN INT ART 4(0)	PERFORMED?
음	200 ACCIDENT AMAC INVESTIGATION OF LIGHT	~ - 0		ry In Pert I or Pert II of Item 18	YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE GOW INJURY OCCU	KKED. (Enter nature or mju	ly in Part 1 of Part 17 of Rem 10	
CAL		20040	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town) (Cou	unty) (State)
ED I	Hour a.m. While p.m. 19 at work	Not While at work	y, street, office plug., etc.)		
-	21. I certify that (I) (this hospital) attended		19		that (I) (we) last
	saw the deceased alive on		death occurred at5:45	M, from the causes and on t	he date stated above.
	22a. SIGNATURE)	/		22b. D	ATE SIGNED
	Henry V Ch	ase M.D	ATTENDING MED.	CTOR PHYS. 0 23	Feb 66
	22c. PHYSICIAN'S NAME (Type)	ni	22d. ADDRESS		12 4
-	Menry V.	Chase	46.Chu		derick Md
23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		3d. LOCATION (City, town or co	
24	Burial 2/27/66	Poplar Spr	ings	Howard Co. Md	'S SIGNATURE
1		MDDRESS	EER 9	8 1966 Icharle	Judge
	C.M. Waltz Box 241 Sykes	sville, Md.	DATE- D &	0 1000 1	0

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please canove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02329
CERTIFICATE OF DEATH
02285

N -	V 10				
1	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a, STATE M b. COUNTY/	sidence before admission)		
4	TREACRICE MARYLAND	MARULAND TEL	UARA		
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)		
	Mederick Days	Pural- Woodbine 13-2			
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE		
	Frederick Mem. Hospital	RD. 2	ON A FARM? YES NO NO		
=	3. NAME OF First Middle	Last 4. DATE Month	Day Year		
	DECEASED (Type or print) ARTHUR N.	POOLE DEATH FEBRUARY	13 1966		
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.		
	WIDOWED DIVORCED	JANUARY 8, 1891 (75 yrs. Months			
	Oa. USUAL OCCUPATION (Give kind of work done life). KIND OF BUSINESS OR living most of working life, even if retired at INDUSTRY		TIZEN OF WHAT		
1,	FARMER Altried Onne	MARULANG	11/1		
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	JOSHUA POOLE	ELLA DUWALL			
-		INFORMANT Address	and the		
1	(Yes, no, or unknown) (If yes give war or dates of service) W. W. I NONE L.	PRUE PECAPIFT, Dame a	15 A Z-		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: UREMIA		2 mos		
	/ / / /				
1	Conditions, If any, which) DUE TO CHRUNIC PYEL	AMERICA ITIS	3YGARS		
	gave rise to immediate	010011011111	0		
	cause (a), stating the DUE TO BENIEN PROSTA	10 YEARS			
	(C)	V 1	119. WAS AUTOPSY		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	VIED IN THE LEGIMINAL DISEASE COMPLITOR GLASMIN PART (19)	PERFORMED?		
0			YES NO		
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.			
- 1		CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)		
	Hour a.m. While Mot While Market	ory, street, office bldg., etc.)	iity) (State)		
1		1962 19 to 2/13 196	that (1) (me) last		
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2//3 19.66, and that	t death occurred at 0.20 M, from the causes and on the			
			ATE SIGNED		
	22a. SIGNATURE	ATTENDING MED. STAFF	3/66		
	M.E. Muadon M.D.	D. PHYS. DIRECTOR PHYS.	21070		
	22c. PHYSICIAN'S NAME (Type) G.F. MCADORS, MD	810 TOLL HOUSE AVE - FREDER	CV MD		
1	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)		
1	Mulas 2-16-1966 SENNINGS	CAApel Hound Co.	Mac		
0	24. FUNERAL DIRECTOR ADDRESS 6	25a. REC'D BY REGISTRAR 25b. REGISTRAR	/ / · · · · · ·		
16	M walts BOX241, Sykeryble. Mid	- DATEEB 17 1968 Jolian	es Judge		
0	11/00-14/	- DARLES AS 1994			

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY Frederick Maryland Frederick # 7 the MARYLAND b. CITY OR TOWN (if outside corporate limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) .Mt.Dale Lifetime Thurmont rural Thurmont filled in Pages 1 rural filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS ON A FARM? Mountaindale YES NO 2 Own Home completely 3. NAME OF Middle 4. DATE Month DECEASED Feb. 20 66 Powell DEATH (Typa or print) 19 Luther carbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months | Days 1896 male WIDOWED DIVORCED in any event, physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Business USA Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending Edward H. Powell Susan Holdcraft and ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yeracor unkown) (Ifyerajyewa ordatesofservice) Mrs. Ellen S. Powell Thurmont. Md. 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH signed by 10 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO been Conditions, if any, which gave risa to immediata cause DUE TO (e), stating the undarlying has the PHYSICIAN: PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY After this certificate CERTIFICATION the hospital 8 0 PERFORMED? NO prior for use 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING (Stata) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) factory, street, office bldg., atc.) Not While jo Hour e.m. at work et work DIRECTOR: Dept. 21. I certify that (I) (this hospital) attended the deceased from 1964 to deceased 19, that (I) (we) last plnous 669, and that death occurred at 71....M, from the causes and on the date stated above. saw the deceased alive on..... may 22b. DATE 22a. SIGNATURE ATTENDING SIGNED MED STAFF death. Page 4 PHYS. DIRECTOR TO HOSPITAL page with t 22d. ADDRESS 22c. PHYSICIAN'S Thurmont. Md. NAME (Typa) Thomas filed v 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Nr. Frederick Fred. P g g BIREMOVAL (Spacify) 2-23-66 Utica Cemetery Md .. REC'D BY REGISTRAR 256. AREGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Thurmont, Md. VR A15 (4)

Of Days of Horasucker Carling Direct Control . 35 , 5 5 5 6 6 . A compared to the contract of the contract o The first of the state of the s

death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please retrove carbon papers. Pages 1 and 2 should be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEATH			2. USUAL RESIDI	ENCE (Where	deceased lived. If			
a. COUNTY			a. STATE		b. COUN		- 1	
Frederic	k	MARYLAND	Marylar	าศ์	_	ederick		
b. CITY OR TOWN (if outside write RURAL and give it	de corporeta limits, neerest town)	c. LENGTH OF STAY IN 16			rporata limits, writa		a nearest tov	vn)
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6. NAME OF HOSPITAL OF	K INSTITUTION (IT NOT	in hospitel, give street eddress)	d. STREET ADDRE	22				A FARM?
Adamstown,	Maryland		Adamsto	own, Mar	ryland			NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	De	y Yee	r
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S. SEX 6. C	OLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In yeers			24 HRS.
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13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
	ward Dixon		Emma Hu	rrell				
1S. WAS DECEASED EVER IN I			INFORMANT		Address			
No		1 - 0	. Frank S.	Lawren	ce. Adamst	own Mar	vland	
18. CAUSE OF DEATH	[Enter only one cause	e per line for (e), (b), and (c).)		20112 000	2		NTERVAL BE	TWEEN
PART I. DEATH WAS	A	and otities a	AL Alama	. 11	W/ Y //1.		ONSET AND	
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Conditions, if any, whit	10/	included sur	Winner	O VVV VV	и			
(e), steting the undarlyi	DUE TO							
cause lest.	(c)							
Z PART II. OTHER SIGN		S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(e)	19. WAS A	AUTOPSY
은 [PERFC	DRMED?
5							YES	NO K
200. ACCIDENT WAS UN		b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injur	y in Part I or Pe	rt II of item 18.)			
PART II. OTHER SIGN OF CONTRIBUTING CA U (IF EITHER, NOTIFY MEDIA	CAL EXAMINER)							
ZOc. TIME OF INJURY	Month, Dey, Yeer	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home,	ferm. ! 20f. (C	ity or town)	(County)		(Stete)
20c. TIME OF INJURY Hour a.m.		While Not While feet	tory, street, office bldg.,					,
₹ p.m.	19	at work at work			1.1			
21. I certify that (I) (this hospital)	attended the deceased from.	much 5	, 190./, to	0711-2	1806	that (I)	(we) las
saw the deceased a	1	/1966., and that		7.P. M. fro	m the causes a			, ,
22a. SIGNATURE	11/1 01							DATE
1/ nann	s/11/1 1/1	marks O.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Feb.4	, 1966	SIGNE
22c. PHYSICIAN'S	my. Ul	WILL A	22d. ADDRESS	DIRECTOR	∐ гіпз. Ц	10014	, 1/00	
NAME (Typa)								
	rnard O.Th	omas, Ar.	228 N.Ma	rket St	treet,Fre	derick.	Maryla	ınd
	236. DATE THEREOF	23c. NAME OF CEMETERY			CATION (City, toy			State)
Cremation F	eb.4. 1966	Ft.Lincoln Cr	rematory	Wash	ington, I	. C.		
24 FUNERAL DIRECTOR'S SIG		010	77		STRAR 2Sb. REG		ATURE	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pages 1 and 2 should be filled for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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-			if not in ho	spitel, give street address)	d. STREE	T ADDRESS	derick		-	10.15	RESIDE
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10	Homema	ker		-	Fred	derick	c Co. 1	ld.	U	J.S.A.	-
13.	FATHER'S NAME				14. MOTHER	E'S MAIDEN	NAME				
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15.	WAS DECEASED EX	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	r		Addres	5		-
(Yes	No No	If yes give war or detes of se	ervice)	None F	POTE T CO	. 2.2774	20	E 2 3	OL TO		1. 16
1		DEATH lenter only one	221122 222	line for (e), (b), end (c).	toy E. Se	SULLLI	ing-20	E. 3rd.	StFT	egeric	K,M
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<u>ĕ</u>	PART II. OTHE	R SIGNIFICANT CONDI	TIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PART 1		FORMED
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CERTIFICATION	200. ACCIDENT W	AS UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCUI	RRED. (Enter nature	e of injury l	in Pert I or Pe	rt II of item 18.)			
8	(IF EITHER, NOTIF)	MEDICAL EXAMINER)				100					
- 1	20c. TIME OF INJU		er 20d	INJURY OCCURRED 20e. F	LACE OF INJURY	(Home for	m. 1 206 10	ity or town)	(Count	tvì	(State)
MEDICAL	Hour e.m.	, , , , , , , , , , , , , , , , , , ,	While	Not While	ectory, street, office			117 OF 10 WIII7	(Count	*/	(31610)
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	21. I certify	that (I) (this hospit	al) atten	ded the deceased from	n. Jan. 1.t.		19.6.1.	· Feb lo	19.5	(that (1)	(we)
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	ZZa. SIGITATURE	1	,	1	ATTENDI		MED.	STAFF	99 9		SIG
	1	poma ?	/-	ane	M.D. PHYS.		DIRECTOR	PHYS.	Feb	. 7-19	00
	22c. PHYSICIAN'S NAME (Type	1			22d. AD						
		Dr. T.E.S	tone		4 We	est Th	ird St	Freder	rick, M	d. 217	01
		ION, 236. DATE THER	EOF	23c. NAME OF CEMETER				CATION (City, to			(State)
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24	FUNERAL DIRECTO	R'S SIGNATURE ELL	wood	Taddress Whit	more	25a. RE	C'D BY REGI	SIRAR 25b. RE	GISTRAR'S SI	GNATURE	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY Frederick Marvland b. COUNTY Frederick by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) 24 Rocky Ridge Trural Rocky Ridge Lifetime RD -2 within filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? Own Home YES NO completely papers. 3. NAME OF First Middle 4. DATE Month DECEASED February (Type or print) Grace Smith Emma DEATH 66 within 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and Months Devs Sept. 30. 1891 Female White WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home Maryland USA 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 2 aftending and William Lizzv Wantz Moser Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal (Yes, no, or unkown) | (If yes give we ror detes of service) Rocky Ridge. Md. Horace A. Smith the permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: rocardial Sufarction menulos IMMEDIATE CAUSE (e) burial-transit DUE TO affending Conditions, if any, which geve rise to immediata cause DUE TO (a), stating the undarlying ceuse lest. the After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION S o PERFORMED? prior | YES NO IST 200. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part | or Pert | of item 18.) Po (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While ō at work et work DIRECTOR: pe 21. I certify that (I) (this hospital) attended the deceased from Sept 24 , 1955 to felt 4 , 1966, that (I) (we) last plnous 29 1965, and that death occurred at? A.M. from the causes and on the date stated above. State saw the deceased alive on..... 22e. SIGNATURE 22b. DATE ATTENDING SIGNED 1 director, page 3 PHYS. DIRECTOR HOSPITAL M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Gettysburg. Penna. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Rocky Ridge Fred. Mt. Tabor Cemetery Co. Md. **ADDRESS** 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Thurmont.

MARYLAND STATE DEPARTMENT OF HEALTH

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M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE

ON A FARM?

YES NO T

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INTERVAL BETWEEN

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PERFORMED?

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22h. DATE

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SIGNED

12. CITIZEN OF WHAT COUNTRY

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(County)

IF UNDER 24 HRS

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			/QErnton*
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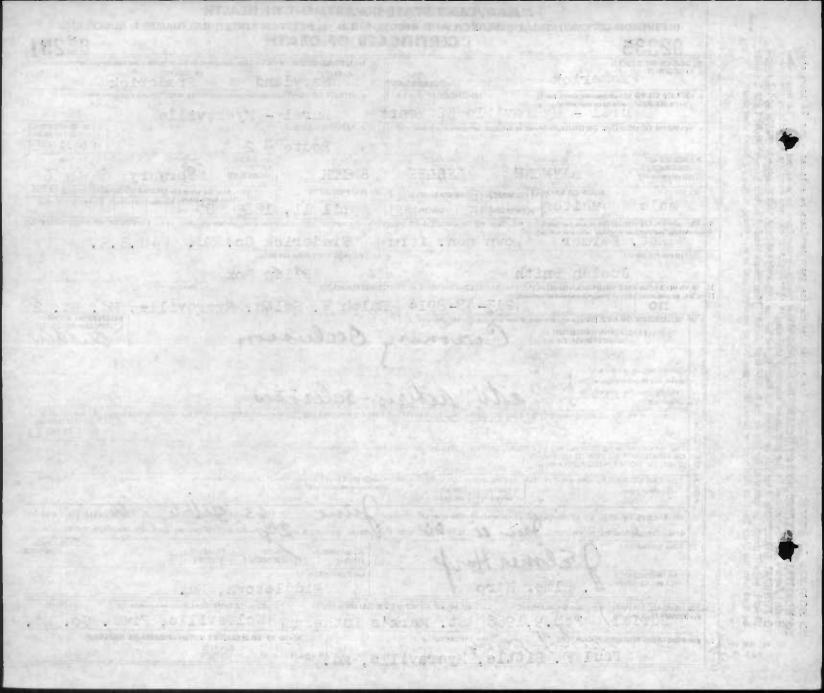
VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

								- Aller
1. PLACE OF DEAT	ederick		a. STATE		b. COUNT	Υ	nce before edi	mission)
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 16	Maryla c. city or town (Lerick RURAL and give	neerest town))
write RURAL an	ral - Myersvi	lle 52 Years	Rural	- Myers	ville		10 -	1
d. NAME OF HOSP	TTAL OR INSTITUTION (if not in I	hospital, give street address)	d. STREET ADDRESS				ONA	IDENCE FARM?
3. NAME OF	First	Middle	Route	# 2	Month	Day	YES X 1	10 [
DECEASED (Type or print)	RAYMOND	LESLIE	SMITH	OF	Febry			6
s. sex male	White WIDON	RIED NEVER MARRIED E	April 11,	- 00- last		Months Days	Hours	Min.
dona during most of w	TION (Give kind of work orking life, even if retired) Farmer OW	kind of Business or industr n gen. farm		nty & State, or foreig		U.S.A		UNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN			10 10		
J	osiah Smith		Elle	en Fox				
		6. SOCIAL SECURITY NO. 17.			Address			
no no, or unkown)	(If yes giva war or dates of service)	3-48-8914 R	alph W. Smi	th. Mve	rsvil	le. Mo	Rt.	2
	DEATH (Enter only one cause per the WAS CAUSED BY: 1MMEDIATE CAUSE (a)	or line for (a), (b), end (c).)	Occlus			111	TERVAL BÉTWONSET AND DE	
TACI	DUE TO							
Conditions, if en								
(a), stating tha	DIJE TO	W. arterio	-Scleros	is				
PART II. OTHI	ER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE COND	OITION GIVE	N IN PART 1(a)	PERFOR	
OR CONTRIBUTING	WAS UNDERLYING [20b. E G [CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury In	Part I or Pert II of ite	m 18.)			
20c. TIME OF INJ Hour a.m.	W		ACE OF INJURY (Home, ferritory, street, office bldg., etc		wn)	(County)	(S	State)
21. I certify	that (I) (this hospital) attached alive on	ended the deceased from	death occurred at 2	1963 to Fl	Causes a	, 1966, nd on the da		
22e. SIGNATURE		11 12	ATTENDING	MED S1	TAFF IYS.		22b.	DATE
22c. PHYSICIAN'. NAME (Typ		rp 7	22d. ADDRESS Midd]	Letown,	Md.			
23a. BURIAL, CREMA REMOVAL LSPORT	TION, 236. DATE THEREOF Feb. 9,196	23c. NAME OF CEMETERY 6 St. Mark's	or crematory B Lutheran	Wolfsv			(Sta	
24 FUNERAL DIRECTO	OR'S SIGNATORE 7 /5	ADDRESS	2Sa. RE	C'D BY REGISTRAR	25b. REG	ISTRAR'S SIGN	ATURE	
	Paul F. Bitti	e. Myersville	e Md DATE	3 9 1966	1 /ce	ianles !	noge	



FOR STATE HEALTH DEPT, TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If only delay it pressory, please execute the certifie, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funes, director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board af Health, at its designated agent, priar to burial, cremotian, at remayol, and in any event within 72 hours after death.

M 8

ARYLAND S	TATE DEPARTME	NT OF HEALTH-	-BALTIMORE, 1
MEDICA	L EXAMINER'S	CERTIFICATE	OF DEATH

JEM		Reg.	Dist.	No	2292	
	If instituti				admission)	

	02336	WE	DICAL	EXAMINER	5 CERTIFIC	JAIE OF	DEATH	Reg. Dis	t. No.	2292
1.	PLACE OF DEATH Prederick			MARYLAND	2. USUAL RESIDEN		ased lived. If institu b. COUNT	viion: Residen		
	b. City or town (11 our all Midd		RURAL	Weeks		wn (If outside co	rporate limits, write TOWN	RURAL and	give neares	I town)
	d. NAME OF HOSPITAL	OR INSTITUTION (nat in hospite	al, give street address)	d. STREET ADDI	RESS				S RESIDENCE ON A FARM? S NO A
3.	NAME OF DECEASED (Type or print)	Lfred		Willian	Stahl	JI DATE OF DEATH	Feb.) Pooy	Year 1966
5.	Male Male	White	7. MARRIED WIDOWED	DIVORCED 5	ept. 9,1	925	9. AGE (In years lost biphday) yrs.	Months D	YEAR IF L	INDER 24 HRS.
104	during most of working UNKNOWN	(Give kind of work d life, even if retired)	lane 10b. KIN	D OF BUSINESS OR INDUS	Penn.	(Slole ar fareign	country)	US		AT COUNTRY?
	Alfred Wil	llian Sta	ahl Sr	e	Zelda					
	. WAS DECEASED EVER	IN U. S. ARMED FOI yes, give war or dates of s		CIAL SECURITY NO. 17. 1 3-12-3448Md		Police	Rrede		Md.	
	PART I. DEATH IN PART	WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO , which the couse		(e), (b), and (c).] On Monoxid	e Asphyxi	lation			INTERVAL B	ETWEEN D DEATH
CERTIFICATION			DITIONS CONT	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	VEN IN PART	1(a) 19. W PE YES [RFORMED?
	PRIMARY OF CONT.	E WAS RIBUTING []	DESCRIBE H	OW INJURY OCCURRED. (I	Enler nature of injury	in Part I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Day, Yea	While	URY OCCURRED 20e. PLA fact of wark	CE OF INJURY (Homeory, street, office bld	e, farm, 20f. (Ci g., etc.)	ty or town)	(Coun	ty)	(State)
				mains described abouses []. Accident	, Suicide 2		e, Undete		anner [and in my
	EXAMINER'S NAME (Type)	B.O.J	hon	nasm	4	MEDICAL EXAMINER		3/4/	56	
	BURIAL, CREMATION,	Eeb.10,	966 A	c. NAME OF CEMETERY OF Prlington N	at.Cemet	ery Ar.	ATION (City, town, lington	or counly)	V	Slote)
	Gladhill		Middle	etown, Md.	24o	REC'D BY REGIS	0.00	strar's sign		e

VS. A15ME 5M 2/57

CE LOS ANCIANOS CONTRACTOR DE CASOS DE MANAGEMENTO.

FOR SYATE HEALTH DEPT

Division of STA

19337

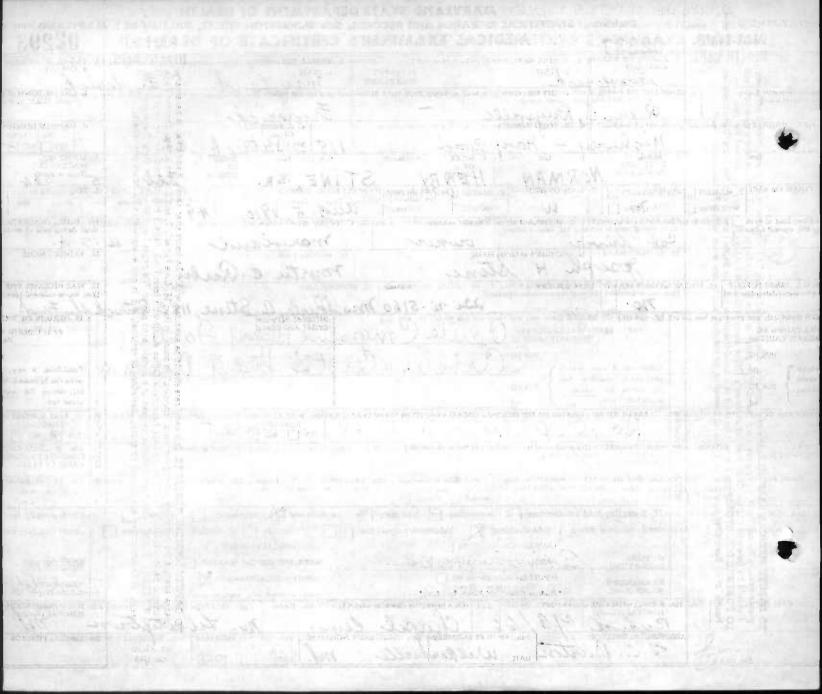
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

TISTICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	0223

			0.000
· 1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Re	sidence before edmission)
	7 / 6	a. STATE b. COUNTY	1 1
_	Trederick MARYLAND	maryland Freder	uck
	b. CITY OR TOWN (if outside corporete timits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give neerest town)
		工. 3 . 1	
_	Rusal Paysville	reserve	10-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
5	Hickory Haus Q 1	LING D + 1 1 1+	ON A FARM?
-	Mighway - Harp Road	118 E. Jalrich SI	YES NO
3.	NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) NOD AL BALL (15-15)	CIMP C- DEATH FOL	
_	MUKMAN AFNRY S	INE SR. Jeb.	5. 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED VIEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
110		last birthday) Months D	eys Hours Min.
40		lug, 5, 1916 49 yrs.	
de	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Y 11. SIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
1	7 . A	Dec	0 1
	al driver owner	marifeand "	.S.A.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Deph H Street	mueth a B o	
18	WAS DECEASED EVEN IN HIS ABUTO BOD COO.	ingrue c. Villay	
(Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
1	710 220-10-5160 mg	" to a ct was o+ "	1114
-		shirley a. sune, 118 E. Value	My tred.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	4-11-40	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	aline Heart to live	ONSET AND DEATH
	IMMEDIATE CAUSE (8) CACCOST CO P CO	more Navel , Jacob	
	DUE TO O	a (a A)	
	Conditions, if eny, which \ (b)	with the than Illandano	
	gove rise to Immediate cause	or of party property	
	(a), steting the underlying DUE TO		
	cause lest.		
Z	PARTI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T DEL ATER TO THE TERMINAL RIGHAR CO. D. T. C.	
P	TAKE STATE STATE CONTINUES CONTINUES TO DEATH BOT NO	RELATION THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
13	Heales Mys cardia	1 suface	YES NO TI
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter neture of injury in Pert I or Pert II of item 18.)	The Late La
1 2	PRIMARY Or CONTRIBUTING	(Enter neture of injury ingrent I of Pent II of Item 18.)	
O	CAUSE OF DEATH.		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, † 20f. (City or town) (Count	46.13
I		ory, street, office bldg., etc.)	y) (State)
×	p.m. 19 et work et work		
	21. I certify that I took charge of the remains described above, hel	d an Autoney M. Inconting D. Inquire. D.	
		d an Autopsy Inspection , Inquiry ,	and in my opinion
	death resulted from: Natural causes . Accident . Suici	de . Homicide . Undetermined manner	4.12.20
		CHIEF MEDICAL EXAMINER	
	ACTUAL BOND	CHIEF MEDICAL EXAMINER	
	SIGNATURE Officinas	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	process and the second	DEPUTY MEDICAL EXAMINER	11
4	NAME (Type) B.O. Thomas, Sr.M.D.) - (-66
22		Address (Street, city, town, or county)	
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county)	(State)
	0 1 2 4 4 / / / / / / /	In You to the	Lin .
22	FUNERAL DIRECTOR ADDRESS	en. m. accermance	- 100.
23	ADDRESS ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
	V.C. Parlon Walkersmille.	mel EED 10 1000 1001 - 10 1	1
_	- To are partition of the second	md. FATB 10 1966 Filianles	mose



VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.	, MARYLAND
02338	CERTIFICATE OF DEATH	029

1-	01000							O TO TO
1.	PLACE OF DEATH						L COUNTY	esidence before admission)
1	Fr	ederick		MARYLAND	a. STATE Mar	yland	Fre	ederick
	b. CITY OR TOW	N (If outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate	limits, write RURAL	and give nearest town)
	Rural	Emmitsbur	VII.)	58 yrs.	Rural	Emmitsk	ourg.	10-1
		PITAL OR INSTITUTION	ON (If not in h	ospital, give street address	d. STREET ADDRESS			e. IS RESIDENCE
		R.D.# 1				R.D.# 1		ON A FARM? YES NO 2
3.	NAME OF	F	Irst	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	Melvi	in	Francis	Stouter	OF DEATH Fe	bruary 15,	1966
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	19 AGE	(in years IF HNDER	1 YEAR HELINDER 24 HRS.
M	ale	White	WIDOWED		Sept.29, 19	07 58 Jast	birthday) Months	Days Hours Min.
10a	USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & State, or for	eign country) 12. Cl	ITIZEN OF WHAT
duii	Labor	ing me, even it retire	(u)	אוו פטעא	Frederick	Co. Md.		S.A.
13.	FATHER'S NAM	E			1 14. MOTHER'S MAI			
		Joseph St	touter		Martha	Ferguson		
		VER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	0	Address	
(Ye	Yes	in 1930s		20-10-5764 Mr	s. Carrie E	. Stouter.	Emmitsbur	g, Md. R.D.1
T	1B. CAUSE OF	DEATH [Enter only or	e cause per l	Ine for (a), (b), and (c).]				INTERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY	COR	CONARY OCC	LUSION			90 MIN
	4201			0(4.14(TO MIB
	Conditions, if	DUE	TO APTE	RIO-SCLEROTI	C-CARDIO-	VASCULAR	L DISEASE	5 YEARS
	gave rise to	Immediate /	(D)	Side of Boilott	Captoto			
11	cause (a), st	ating the DUE	TO					N. 10 10 10 10 10 10 10 10 10 10 10 10 10
Z	underlying caus		(c)					lea was suropey
은	PART II. OTHER S	IGNIFICANT CONDITI	ONS CONTRIBL	JTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA		EMIPLEG		CEREBRAL TI				YES NO X
CERTIFICATION	20a, ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DOWN CAUSE OF DEATHER MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature	of Injury in Part I o	r Part II of Item 1B	.)
		NJURY Month, Day,		NJURY OCCURRED 200. Pt	ACE OF INJURY (Home.	farm, 20f. (City (or town) (Cou	inty) (State)
MEDICAL	Hour a.n		1122	Ann	tory, street, office bldg.,	etc.)		
×	p,r		at worl	k at work		4 11 1 1	= -	
	21. I certif	y that (1) (this hos	pital) attend	ed the deceased from_f	HOVEHISER,	1964, to 15	FEB , 196	6, that (I) (me) last
	saw the de	ceased alive on 15	FEBRU	1966, and th	at death occurred at	2M, from th	e causes and on t	he date stated above.
	22a. SIGNATUI	RE/	0	110	ATTENDING	MED. S		ATE SIGNED
	MOX	Klemm	celo	M.D. M	D. ATTENDING	DIRECTOR P	TAFF 2/1	6 166
11	22c PHYSICIA NAME (T)		- 11 11	and a left	22d. ADDRESS	2 - 7 - 3 - D -		
17	107.1112 (1)	pe) Dr. Jame	es n. n	ammett	rairi	ield, Pa.		
23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATIO	ON (City, town or co	unty) (State)
	REMOVAL (Spo	Feb. 18	3.1966	Friends Creek	Cemeterv	Emmitsh:	rg Frederi	ck Co. Md.
24.			20110	ADDRESS	25a. R	EC'D BY REGISTRAR		ck Co. Md.
1	11/2	SI SI	11/1/2	0 - D 4 -1	CC.		1001 1	y Judge
	Gure	na so.	IVIUIL	My Emmitsburg	MO DATEL	- 10 1000		0 0

Traduction of the control of the con Men and the second of the second seco AND COMPANY OF THE PROPERTY OF THE PARTY OF

FOR STATE HEALTH DEPT.

O DEPUTY MEDY. EXAMINER: This certificate should be executed within 24 hours after death. If any delay ecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UZ333	IVIE	DICAL	EXAMINER'S	GERIIFICAL	E UP D	CAID		162	35	
1.	PLACE OF DEATH				2. USUAL RESIDEN	CE (Where dece			Residence	before at	dmission
	a. COUNTY	Frederick			a. STATE		b. COU	NTY I	eder	oi ole	
_			limite	MARYLAND		aryland					st town
	b. CITY OR TOWN (III write RURAL and	give nearest town)	mmts,					I Ito Koka	E ond Si	,	0
				Lifetime	11	rederic	k		10	-/	
				spital, give street addre	d. STREET ADDRESS					e. IS RES	FARM?
	16	Winchester	St.		1	6 Winch	ester S	t.	,	YES 🗌	NO T
3.	NAME OF	First		Middle	Lest	4. DATE	Mont		Day	Yea	ar
	(Type or print)	Brad	lev	Thomas	Strasberger	OF DEATH	Fe	h.	18-	19	66
5.		COLOR OR RACE 7			8. DATE OF BIRTH	19.	AGE (In years	LIFUNDE			
					May 8- 1911		lest birthday)	Montha	Days	Hours	
		White	WIDOWED			1	24 yrs.	112 (ATTITCAL	OF WHAT	*
Jur	. USUAL OCCUPATION Ing most of working I	(Give kind of work do	115	ND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreig	n country)		OUNTRY		
	Ing most of working I Platers H	elper	Mfg	· Co·	Maryla	nd			U.S	S.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME					9. 2
	Dudle	y Strasber	reer		Marga	retta F	leischm	an			
15	. WAS DECEASED EVER			SOCIAL SECURITY NO. 1			er Staddre		lond	1e. 164	3
(Ye	s, no, or unkown) (If)	yes give war or dates of se	ervice)						TeT.T	" WATC	10
			-		Mrs. Mary Mic	naer St	rasperg	er	LINE	DVAL DE	THEEN
			cause per li	ne for (a), (b), and (c).]					ONS	RVAL BE	DEATH
	PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a)	Corona	ary Occlusion						
П	4201	DUE TO)						1		
	Conditions, If any,)	Arter	iosclerotic h	eart di	sease				
	gave rise to imr	nediate (,								
	cause (a), stetin underlying cause la	g the									
z			S CONTRIBL	TING TO DEATH BUT NOT B	ELATED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN	PART 1(e	119.		
0	TAKT II. OTHER OTHER	III TOART CORDITION	o oommine o	TING TO DEATH BOTHOTH	CENTED TO THE TERRITORE		.,,			PERFOR	
CERTIFICATION								4 11 1		ES 🗌	NO K
È	20a. EXTERNAL CA PRIMARY Or CON	USE WAS	20b. [DESCRIBE HOW INJURY O	CCURRED. (Enter nature o	f injury in Par	t I or Part II	of Item 1	8.)		
CE	CAUSE OF DEATH.										
	20c. TIME OF INJU	RY Month, Day, Ye	ar 20d. II	NJURY OCCURRED 20e.	PLACE OF INJURY (Home, f		City or town)	(C	ounty)	((State)
MEDICAL	Hour a.m.		While	Not While at work	actory, street, office bldg.,	etc.)					
ž	p.m.	19				1	5 1-			. I	aninia
	21. I certify th			ains described above,	the state of the s	Inspection	-	uiry [d in my	opinio
	death resulted	from: Natural c	auses 🔀	, Accident ,	Suicide, Homic	ide,	Undetermine	d manner			
	7.5	2 ms 0	1		CHIEF MEDICA	L EXAMINER					
	ACTUAL SIGNATURE	2000	on	ras	M.D. ASSISTANT ME	DICAL EXAMI	NER _			. DATE	
		17 12 1	1	0	DEPUTY MEDI	CAL EXAMINER		Feb.	18-	- 196	6
	EXAMINER'S NAME (Type)	12501	ton	105, MU	Address (Stree	t, city, town,	or county)				
238	. BURIAL CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LO	CATION (City,	town or c	ounty)	(S	state)
	REMOVAL (Specify	Feb. 21		Mt. Olivet	Comptame	Free	adant als	114	27.7	101	
24	FUNERAL DIRECTO	ID		ADDRESS	25a. RE	C'D BY REGIS	ederick TRAR 25b.	EGIŞTRA	R'S SIG	NATURE	
	M.R.Etchis		C HY	ederick. Md.	21701 FFD	9 9 10	co m	1,			

VR AISME (5) 5M 1/65

TO DEPUTY MEDI

slovacional i * B #1550# all al wi Toponini ti The second secon .c. the realest erosur and of the properties. . The first of the control of the co word the property of the property of the state of the sta Park unknowers moreo material drawn alreadispolating BURL → B.L. , C. F MANUAL CLAUSE CALLED TO THE CONTROL OF THE CONTROL OF THE CALLED T ... Steinigen a Son- - Tradmining HO. 21 61 Tall Was cons Hotel was the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plagus hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Frederick Maryland MARYLAND by the b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 P write RURAL and give nearast town) Frederick Frederick vears -Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital 400 Rockwell Terrace completely papers. 4. DATE NAME OF Middle DECEASED OF Grace DEATH (Type or print) Mary Thomas February 3- 19 66 carbon AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. SEX and last birthday) Female. White WIDOWED X DIVORCED [February 11-1877 physician remove 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, aven if retirad) Homemaker Own Home Frederick Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Mary Frances Waskey John A. Schaeffer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Frederick- Md. removal (Yas, no, or unkown) (Ifyesgivawarordatasofsarvice) Mrs. Charles L. Mullen-400 Rockwell Terracepermit. 18. CAUSE OF DEATH lentar only one cause per line for (a). (b), and (c).) by 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) has been signed e burial-transit pe DUE TO the Cardis vascular affending Conditions, if any, which gave rise to immediata cause certificate has by or use as the buri orior to burial, DIJE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of itam 18.) this c OR CONTRIBUTING CAUSE OF DEATH Health R: After thi MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, ! factory, straat, office bldg., atc.) Not Whila Hour a.m. ō at work at work CTOR: 1966, to tel 3 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... 22a. SIGNATURE ATTENDING STAFF death. Page 4
TO FUNERAL
director, page 611 PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Dr. A. A. Pearre 4 East Church St.- Frederick- Md. 21701 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Feb. 6-1966 Mt. Olivet Cemeterv Frederick- Md. 21701 Frederick, Md. 21701 ADDRESS T M. R. Etchison & Son

VR A15 (4) 20M 5-63

(County)

Frederick

Months

. IS RESIDENCE

YES NO THE

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO 3

(Stata)

22b. DATE

Feb. 3-1966

U.S.A.

ON A FARM?

36664 the lasof in Promp. Inlines .. 00 XL 41 X1 SO DIVILLE WHEN SE A COCHE AUTOON . III - NO ELBOYS'S PARTIES AND DESTREET, WILLEAD COLUMN TO SERVER TRACE AND A CONTRACT OF THE DIAMA . France A Sunt Chartel St. - Frederica M. Lalyol the server of the city of the server of the Torse the Alegan - The Total Agent The

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY is necessary, 3 to the funeral director. Page C Frederick Montgomery Maryland MARYLAND Department b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporete limits, write RURAL and give neerest town) write RURAL and give nagrest town) Silvef Spring, Emittsburg, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? after 11001 Inwood Avenue State Junction Rt. 15 & 806 YES NO 3. NAME OF 4. DATE Middla Dey Month Year DECEASED 166 the 12 ALDO VACCA Feb. (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 2, and . Months Hours Male White 40 WIDOWED | Jan 1926 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Medicine Italy USA Medical Doctor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME any VACCA Not Available 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 2 17. INFORMANT Address (Yas, no, or unkown) | (If yes give we cordetes of service) and Office of Deceased. (same as This certificate should be executed 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN or removal, Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: & Crushed Chest Fractured Skull IMMEDIATE CAUSE (e) Immed. DUE TO Conditions, if any, which cremation, writing the word "pending" • Chief Medical Examiner's C Page 3 should be used as a b gave rise to Immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? burial YES NO K 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of itam 18.) 0 PRIMARY IV or CONTRIBUTING MEDICAL EXAMINER: prior CAUSE OF DEATH. Impact of trailer tractor truck & auto 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 1 forwarded to the Chir L DIRECTOR: Page Month, Day, Yeer 20f. (City or lown) (State) factory, street, office bldg., etc.) agent, While Not While at work et work execute the certificate, Emittsburg Fred 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\), Inspection Inquiry and in my opinion designated Accident w death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE S DEPUTY DEPUTY MEDICAL EXAMINER 12. 196 6 EXAMINER'S NAME (Typa) 4 should O FUN Health Address (Street, city, town, or county) esee 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR I REGISTRAR'S SIGNATURE 24b. VR A15ME 5M 1/63

 $\prod_{i=1}^{n-1} \frac{\prod_{i=1}^{n-1} f_{i}}{f_{i}} = \prod_{i=1}^{n-1} f_{i} \text{ Are } f \text{ Years}$

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1298

HEVETH DELL.	a. COUNTY	2. USUAL RESIDENCE (Where decreesed lived, if institution: Resident	nce before admission				
age of	Frederick Co MARYLAN	a. STATE Maryland b. COUNTY Montgomery					
or. P	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside eorporate limits, write RURAL and give nearest town)					
director. Figure your fill epartment	Emittsburg	Silver Spring 15	-2				
ay is is all directory of Department death	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE				
delia del	Junction of Rt. 15 & 806	11001 Inwood Avenue	YES NO				
Sta	3. NAME OF First Middle DECEASED	Lesi 4. DATE Month Day	Year				
If a the the tour	(Type or print) BRUNO ALDO	VACCA DEATH Feb. 12	1966				
42 44 44 44 44 44 44 44 44 44 44 44 44 4	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR					
and and 22 v	Male White WIDOWED DIVORCED	March 15 1957 lest birthday) Months Days	Hours Min.				
400万年	10s. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if retired)		OF WHAT COUNTRY				
S S S S	Student	Takoma Park, Md. USA					
Pag A3.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
in 2.	Aldo Vacca	Paule Nellie					
作。20 mi		17. INFORMANT Address					
ed w in 18 in 19 in 10 in 10 i	NO	Family Records (same as #2)					
5 = > a_'	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I IN	TERVAL BETWEEN				
be exected in a second in a se	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CRUSHED CHE		Immed.				
	8/6/ DUE TO Fracture of						
ould in p	Conditions, if any, which (b)						
ding" ing's of ser's Cer's cer	geve rise to Immediate cause (e), stating the undarlying DUE TO						
ificate pendi amine sed a crema	cause last. (c)						
F X 7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY				
word word lical I	5		PERFORMED?				
sedice oulco	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING CAUSE OF DEATH.	RRED. (Enter nature of injury in Part I or Part II of itam 18.)					
or the	I I I I I I I I I I I I I I I I I I I	ler tractor truck & auto.					
Chiriting B Paragraph	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bldg., etc.)	(Stata)				
EXAL sate, w b the ()R: Pa agent,	9:30 p.m. Feb 12 1966 et work at work	Emittsburg, Fred.	. Co.Md.				
	21. I certify that I took charge of the remains described above	, held an Autopsy , Inspection , Inquiry , and	in my opinion				
MEDICAL orwarded i DIRECT(designated	death resulted from: Natural causes , Accident ,	Suicide . Homicide . Undetermined manner					
Pe constant	2 4 2 0	CHIEF MEDICAL EXAMINER					
	SIGNATURE SOS HOMOS	ASSISTANT MEDICAL EXAMINER	DATE SIGNED				
UTY execut d be f d be f or its	EXAMINER'S R. 10 74	DEPUTY MEDICAL EXAMINER Feb.	12 1966				
	NAME (Type) A CO. JULE HULLS, VVI	Address (Street, city, town, or county)					
please 4 should Fight	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Spacify)	1 0 1 2 7	(Stata)				
5 745 F	Burial, Det. 16 1966 Sout King		Les a. Mil				
VR AISME	23. FUNERAL DIRECTOR ADDRESS	REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATI	URE				
SM 1/63	HUMAN MALLING 254 Carroll SUN WA	Sh. LIC BEB 16 1966 fcharles Ju	ege.				
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	DOMES NO.		over a principle of	Essay:	
	Carlotte Mary				

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, Haplesse execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 30 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02343	3 ME	DICAL EXA	AMINER'	S CERTIFICA	TE OF	DEATH		0	229	9
1. PLACE OF DEAT	H			2. USUAL RESIDEN	ICE (Where das			Residen	ce before	edmission)
Fed	erick Co.		MARYLAND	a. STATE Md	•	b. COU	Mo	ntg	omer	\sim
	(if outside corporete limits, d give nearest town)	e. LENGTH	OF STAY IN 16	c. CITY OR TOWN	(If outside eorpo	rate limits, writ	e RURAL en	d give	neerest tov	vn)
				S	ilver	Spring	I	15	-	2
	tsburg		reet eddress)	d. STREET ADDRESS						A FARM?
Junction	of Rt. 15	& 806		11001	Inwood	Avenu	ie			NO
3. NAME OF DECEASED	First	٨	Aiddle	Last	4. DATE	Mont	h	Day	Yea	ir.
(Type or print)	FRANCOISE			VACCA	DEATH	Feb.	12		19	6
5. SEX	6. COLOR OR RACE 7	. MARRIED _ NEVER	MARRIED 8	. DATE OF BIRTH	9.	AGE (In years			-	-
Female		WIDOWED D	OIVORCED T	Oct 5 19	58	7 yrs.	Months	Deys	Hours	Min.
ion, USUAL OCCUPA' done during most of w	TION (Give kind of work orking life, even if retired)	10b. KIND OF BUSI	NESS OR INDUSTE	Y 11. BIRTHPLACE (Stell	or foreign cour	ntry)	12. CIT	IZEN C	F WHAT	COUNTRY
Studen				Takoma	Park,	Md.	U	SA		
13. FATHER'S NAME	41			14. MOTHER'S MAIDEN	NAME	1100	-1-1-1-1			
	o Vacca			xNexxie	Paule	Nelli	.e			
	VER IN U.S. ARMED FORCE		URITY NO. 17.	INFORMANT		Address				
No	,,	VICO,	F	amily reco	rds (s	ame as	; #2)			
	DEATH Enter only one c	ause per line for (a), (b	o), end (c).]						ERVAL BET	
Conditions, if engaye rise to Immed (a), stating that cause lest.	diete ceuse underlying DUE TO									
PART II. OTHE	R SIGNIFICANT CONDITION AUSE WAS 20			OT RELATED TO THE TERM			EN IN PART			NO X
PRIMARY D or CO	ONTRIBUTING	Impact of	f trail	er tractor	truck	& aut	0.			
3 20c. TIME OF INJ	URY Month, Day, Yeer	20d. INJURY OCC	URRED 200. PLA	CE OF INJURY (Home, fer	m, : 20f. (City		(Cou	nty)		(Slele)
20c. TIME OF INJUDENT STATE OF	Feb 12 19 6	6 at work et wor		ory, street, office bldg., et		sburg	Fr	ed /	Co.	Md
	hat I took charge of			eld an Autopsy .	Inspection	, Inqui		-	in my o	-
death resulted	_	percent		ide [], Homicide	Und	etermined n	· 🗀]	,	
ACTUAL	sort			CHIEF MEDICAL	EXAMINER _					
SIGNATURE_	Buono	mas		M.D. ASSISTANT ME	DICAL EXAMINE	R 🗌		D	ATE SIG	
EXAMINER'S NAME (Type)	13.0.Jh	o macs	MI		city, town, or co		50	Feb	12	1966
22a, BURIAL, CREMATIC REMOVAL (Spacify Surcal		66 For	Rucoli			ON (City, town	R. OC	1. C	(Stel	rd
23. FUNERAL DIRECTO	Paltin 254	Carroll M	NWW all	well OFFE B	16 19	AR 246, REG	Carlo	GNATI	JRE WAR	

- Water State Control THE TOTAL OF A PRINT A PERSON OF THE PERSON the profession of the state of FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pendil in Itam 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any within 72 hours after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be axecuted within 24 hours after death. If any delay is necassary,

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02344 MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	02300
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where	lacassad lived, If institution: Re	sidenca before admission
Frederick Co. MARYLAND	a. STATE Md.	b. COUNTY MO	ntgomery
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside eor		3 1
write RURAL and give nearest town)			give measurest town;
Emittsburg,	Silver S	oring /	5 - 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
Junction of Rt. 15 & 806	11001 Inwood	Avenue	YES T NO
3. NAME OF First Middle	Last 4. DATE	Month	Day Year
(Type or print) PAULE NELLIE	VACCA DEAT	Feb. 12	
	VACCA	ren. 12	19 6
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y Months D	FEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	111 7 24 1924	47 yrs. Months	ays nours Min.
0s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	11. BIRTHPLACE (State or foreign ed	ountry) 12. CITIZ	EN OF WHAT COUNTRY
Housewife Homewmaker	France	TI	SA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		D41
Francis Lavanchy	Not Availa	610	
		ore	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	ice Records (sa	ame as #2)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			I INTERVAL BETWEEN
PART L. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Fractured Skull	with doctmosti	n of	ONSET AND DEATH
			Immed.
8/6/ DUE TO Skull cavity Wi	th complete los	ss of	
Conditions, if eny, which brain matter.			
geve rise to immediate cause DUE TO Numerous Fractu	res.		
cause last. (c)			
	RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN BART 1	Value 10 WAS AUTORS
	THE PERMITTE DISEASE	CONDITION GIVEN IN PART	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. EXTERMAL CAUSE WAS RIMARY OF CONTRIBUTING CAUSE OF DEATH. This act of trailor			YES NO
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury In Pert I or Part II	of item 18.)	
PRIMARY Or CONTRIBUTING Impact of trailer	tractor truck	& auto.	
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA		y or town) (Count	y) (Stata)
Hour While Not While O	ry, street, office bldg., atc.)	,,	// (Jiaia)
		ttsburg, Fre	d. Co. Md
21. I certify that I took charge of the remains described above, he	d an Autopsy, Inspection	, Inquiry ,	and in my opinion
death resulted from: Natural causes . Accident . Suici	de , Homicide , Ur	determined manner	
	CHIEF MEDICAL EXAMINER		
ACTUAL PROPERTY.	A SELECTANIZ MEDICAL EVALUA	-	
SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMIN	_	DATE SIGNED
EXAMINER'S PO 11	DEPUTY MEDICAL EXAMINER	Feb.	12 1966
NAME (Type) DIE. Jhomas, MI	Address (Street, city, town, or		
2a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CDP11 A T C D11		
REMOVAL (Specify)	CREMATORY 22d. LOCA	TION (City, town, or county)	(State)
Bureal Det 16. 1966 Doll Lincoln	Clouter Colma	Mayor hall	(State)

FEB 16 1966

SU COUNTY OF SURE CONTRACTOR OF THE CONTRACTOR O 3,0

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20 M 1/65

25b. REGISTRAR'S SIGNATURE

FREDERICK

YES

Day

16

12. CITIZEN OF WHAT

Days

COUNTRY?

lennesseyler.

(County)

22b. OATE SIGNED

e. IS RESIDENCE ON A FARM?

1966

Hours |

INTERVAL BETWEEN

ONSET AND DEATH

AW

SYGARS

WAS AUTOPSY

NO X

(State)

(State)

PERFORMED?

NO

Items 18-21 Film G374m AP71 AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edinission) director, Page or your files. . COUNTY b. COUNTY Frederick necessary, Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Rural- Braddock Heights several vrs. Rural- Braddock Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Jefferson Blvd. Jefferson Blvd. State after YES NO TE 3. NAME OF Middle 4. DATE DECEASED OF Myrtle (Type or print) May Watkins DEATH February 15-19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Female. White August 23- 1888 WIDOWED DIVORCED T ng" in pencil in Item 18. Give Pages 1, 7, 18 Office along with form PM3. Page 9, a burial-transit permit. File pages 1, 18 10s, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Homemaker Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Z. Stull in any Ida A. Lenhart 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Braddock Hgts (Yes, no, or unkown) | (Ilyes give we ror dates of service) 214-46-5517 Mrs. Basil S. Coffman-Jefferson Blvd.should be executed 18. CAUSE OF DEATH [Enter only one capte per line for (a), (b), and (c).] or removal, INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e. DUE TO Conditions, if eny, which ease execute the certificate, writing the word "pending" in should be forwarded to the Chief Medical Examiner's O FUNEBAL DIRECTOR: Page 3 should be used as a but ealth or its designated agent, prior to burial, cremation, geve rise to Immediate cause DUE TO (a), stating the underlying Asphyxia by drowning cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. She got in bath tub of water after removing dress & shoes MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) factory, street, office bldg., etc.) Not While et work et work Home Braddock 21. I certify that I took charge of the remains described above, held an Autopsy Inspection I. Inquiry and in my opinion MEDICAL death resulted from: Natural causes Accident Suicidey Y Homicide Undetermined manner* CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) B.O. Thomas, Sr.M.D. 4 should PUN Health Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Entombment Feb. 18-1966 Frederick Mem. Park Frederick- Maryland 21701 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR A15ME M.R. Etchison & Son---Frederick, Md. 21701

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH P 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY D CY Z Frederick Maryland Frederick MARVIAND P b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) write RURAL end give neerest town) Frederick Frederick filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 558 East Church Street 558 East Church Street YES NO paper 72 3. NAME OF Dey Middle Month DECEASED DEATH (Type or print) CHARLES EARL WELTY February 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) | Months | Deys Male certificate WIDOWED DIVORCED T December 14 physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Ox-Fibre Brush Co.Lewistown, Maryland Retired U. S. A. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luther Welty Florence Dusing 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) No Mrs. Dorothy Welty (Same as item #2) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ۾ MINUTES signed PART I. DEATH WAS CAUSED BY: THRAMBOSIS has been signed of burial-transit IMMEDIATE CAUSE (e) DUF TO attending HEART DISEASE Conditions, if any, which geve rise to immediate cause DUE TO hospital or e. certificate has (a), steting the underlying · ENGRALIZED HRTERIOSCLE ROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior NO X R: After this ce detached for a t. of Health pr 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County (State) CTOR: Aft Month, Day, Yeer fectory, street, office bldg., etc.) Not While at work at work p.m. 1960, to 2/10 , 1966, that (1) (we) last State P.M. from the causes and on the date stated above. DIRE saw the deceased alive on.. 22b. DATE 22e. SIGNATUR death. Page 4
TO FUNERAL director, par ATTENDING February DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds, M. D. Toll House Ave. Frederick. Maryland 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Frederick, Maryland Mount Olivet Cemetery 258 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE M.R. Etchison & Son. Frederick. VR A15 (4) 20M 5-63

to 100t all resmetal Cornell of the State of the The cathy are award to switches a person with the Carried and the Branch water was as the 1985 Of the Wildings C. Reynclide W. D. Toll House Ero. redordel. - a yland The first for the first the first three days in the first fi List. Etohisem & con, Propertol, parrior field for the great was

- 0	1.	PLACE OF DEAT		LUICA	L EXAMINER		RESIDENCE	E OF	DEATH	Institution: Resid	lence before	114
		. COUNTY	Frederick			e. STATE	-		b. COUN	ITY _		0 0111133101
		b. CITY OR TOWN	lif outside comorate lie	nits,	MARYLAND	c. CITY OF	Maryl R TOWN (If o		orate limits, write	Frede		own)
		Write RURAL on Rural	d give nearest town)				_			III SALITE	10	_/
			Emmitsbur ITAL OR INSTITUTION	(if not in hos	spilel, give street eddress)	d. STREET	ADDRESS	E M	mitsburg	-	1 e. IS	RESIDENC
1							R.D.	# 1				NO DO
	3.	NAME OF DECEASED	Fin	ıt	Middle	Last		. DATE	Month	n Di	by Ye	ar ac
		(Type or print)	Esthe	r	Gertrude	Wetzel		OF DEATH	Februar	ry 24.	19	66
i	5.	SEX	6. COLOR OR RAC	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRT	Н	19.	AGE (In years	IF UNDER 1 YEA	R IF UNDE	ER 24 HRS
]	Pemale	White	WIDOWE	D DIVORCED	Dec. 25,	1908		57 yrs.	Months Dey	s Hours	Min.
	10a do	. USUAL OCCUPA	TION (Give kind of wo	rk 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLA	ACE (State or	foreign eou	ntry)	12. CITIZEN	OF WHAT	COUNTR
		Housew				Frede	rick C	o. Ma:	ryland	U.S.	A.	
	13.	FATHER'S NAME		207		14. MOTHER'S	MAIDEN NA	AME			3	
			Charles				e Will	S				
1			VER IN U.S. ARMED FC		SOCIAL SECURITY NO. 17	INFORMANT			Address			
		No			20-01-6170	R. Edward	Wetze	1, Em	mitsburg			
			DEATH [Enter only or TH WAS CAUSED BY:	e cause per	Acute Alcho	lism	0				INTERVAL BI ONSET AND	DEATH
		001	IMMEDIATE CAUSE (1 43	120101010101	1 ATHY	MALL	7/17				
		1501,	DUE TO		J. Long	~	α		1			
		Conditions, if en	diate cause	11	47774 17 18791	TALLIN	7/19/1	7777	777			
		(e), steting the		Ex	posure on gr	ound abo	ut 20	hour	8			
ч				.)						EN IN PART 1(a)	19. WAS	AUTOPS
	z	PART II. OTHE	R SIGNIFICANT CON	ITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO T	THE TERMINA	L DISEASE	CONDITION GIV			
	ATION	Had been	R SIGNIFICANT CONT	alcon	TRIBUTING TO DEATH BUT	NOT RELATED TO T	THE TERMINA	ing a	Snowst	orm	PERF	ORMED?
1	IFICATION	Had been When fo	und, body	was c	OT & fell be overed with	snow.				orm	YES PERF	_
	CERTIFICATION	Had been When fo	und, body AUSE WAS ONTRIBUTING	was c	overed with	snow.				orm	YES PERF	_
		PART H. OTHE Had been When fo 20s. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ	AUSE WAS ONTRIBUTING	Was c 20b. DESCR	Overed with RIBE HOW INJURY OCCURRED INJURY OCCURRED 200. P	D. (Enter neture of	Injury In Part	I or Pert II o	of item 18.)	(County)	YES S	_
		PARI H. OTHE Had been When fo 20s. EXTERNAL C PRIMARY' of C CAUSE OF DEATH 20c. TIME OF INJ Hour e.m.	AUSE WAS ONTRIBUTING URY Month, Day, Y	Was C	Overed with NIBE HOW INJURY OCCURRED INJURY OCCURRED Not While	D. (Enter neture of LACE OF INJURY (I ectory, street, office	Injury In Pert	l or Pert II o	of item 18.)		YES Md.	NO [
	MEDICAL CERTIFICATION	PARI H. OTHE Had been When fo 20s. EXIERNAL C PRIMARY I or CAUSE OF DEATH 20c. TIME OF INJ Hour e.m. p.m.	und, body AUSE WAS ONTRIBUTING URY Month, Day, Y 2/24/66 19	was c 20b. DESCR	INJURY OCCURRED Not While of work Pri	D. (Enter neture of LACE OF INJURY (I ectory, street, office vate roa	Home, ferm, bldg., etc.)	l or Pert II o	of item 18.)	(County) Fred.	YES DE	NO (State)
2		PARI H. OTHE Had been When fo 20s. EXIERNAL C PRIMARY I or CAUSE OF DEATH 20c. TIME OF INJ Hour e.m. p.m.	und, body AUSE WAS ONTRIBUTING URY Month, Day, Y 2/24/66 19 that I took charge	was c 20b. DESCR eer 20d. While et wor	INJURY OCCURRED 200. Pri Not While et work Pri	D. (Enter neture of LACE OF INJURY (I ectory, street, office vate roa held an Autops	Home, ferm, bldg., etc.)	20f. (City Emmi.	or town)	(County) Fred.	Yes Da.	(State)
		PARI II. OTHE Had been When fo 20s. EXTERNAL C PRIMARY'S or C CAUSE OF DEATH 20c. TIME OF INJ Hour e.m. p.m.	und, body AUSE WAS ONTRIBUTING URY Month, Day, Y 2/24/66 19 that I took charge	was c 20b. DESCR eer 20d. While et wor	INJURY OCCURRED 200. Pri Not While et work Pri	D. (Enter nature of LACE OF INJURY (I sectory, street, office vate roa held an Autops icide	Home, ferm, bldg., etc.)	20f. (City Emmi.	or town) tsburg Inquir	(County) Fred.	Yes Da.	(State)
		PARI II. OTHE Had been When fo 20s. EXTERNAL C PRIMARY' or C CAUSE OF DEATH 20c. TIME OF INJ Hour e.m. p.m. 21. I certify t death resulted	und, body AUSE WAS ONTRIBUTING URY Month, Day, Y 2/24/66 19 that I took charge	was c 20b. DESCR eer 20d. While et wor	INJURY OCCURRED 200. Pri Not While et work Pri	D. (Enter neture of LACE OF INJURY (I ectory, street, office vate roa held an Autops icide , He	Home, ferm, bldg., etc.)	20f. (City Emmi. spection , Unc	or town) tsburg Inquir	(County) Fred.	Yes Da.	(State)
		PARI II. OTHE Had been When fo 20s. EXTERNAL C PRIMARY'S or C CAUSE OF DEATH 20c. TIME OF INJ Hour e.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE	URY Month, Day, Y 2/24/66 19 that I took charge from: Natural of	was c 20b. DESCE eer 20d. While et wor of the rem causes	INJURY OCCURRED 200. Principles described above, Accident . Su	D. (Enter neture of LACE OF INJURY (i ectory, street, office Vate roa held an Autops ticide Ho CHIEF. M.D. ASSISI	Home, ferm, bldg., etc.) Ty	20f. (City Emmi. spection J. Unc	or town) tsburg Inquir determined m	(County) Fred. y an	Md. Md. DATE SI	(State) opinion
	MEDICAL	PARI II. OTHE Had been When fo 20a. EXIENAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour e.m. p.m. 21. I certify i death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	URY Month, Day, Y 2/24/66 19 that I took charge from: Natural of	was c 20b. DESCR eer 20d. While et wor of the rem causes	INJURY OCCURRED 200. Prinains described above, Accident . Su	D. (Enter neture of LACE OF INJURY (i sectory, street, office Vate roa held an Autops icide Ho CHIEF M.D. ASSISI DEPUTY Addres	Home, ferm, bldg., etc.) Ty In portion in the control of the cont	20f. (City Emmi. spection J. Unc AMINER AL EXAMINER XAMINER J. town, or	or town) tsburg Inquir determined m	(County) Fred. Ty, and anner [X]	Md. Md in my	(State) opinion
	MEDICAL	PARI H. OTHE Had been When fo 20s. EXIERNAL C PRIMARY To or CAUSE OF DEATH 20c. TIME OF INJ Hour e.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S	URY Month, Day, Y 2/24/66 19 that I took charge from: Natural of B.O.Tho	was c 20b. DESCE eer 20d. While et woi auses	INJURY OCCURRED 200. Principle above, Accident . Sure M. D.	D. (Enter neture of LACE OF INJURY (I ectory, street, office vate roa held an Autops iicide, Ho CHIEF, DEPUTY Addres OR CREMATORY	Home, ferm, bldg., etc.) EY In omicide MEDICAL EX/ TANT MEDICAL EX/ SS (Street, city	20f. (City Emmi.) spection AMINER AL EXAMINER XAMINER 7, bown, or e	or town) tsburg Inquir determined m	(County) Fred. y an eanner	Md. Md. DATE SI 2-25- (5)	(State) opinion (GNED
2	WEDICAL WEDICAL	PARI II. OTHE Had been When fo 20s. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour e.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATI REMOVAL (Specifi Burial	URY Month, Day, Y 2/24/66 19 that I took charge from: Natural of B.O.Tho ON, 22b. Date there y) Feb. 28, 1	was c 20b. DESCE eer 20d. While et woi auses	INJURY OCCURRED 200. Principle above, Accident . Sure M. D. 22c. NAME OF CEMETERY Mt. View Cer	D. (Enter neture of LACE OF INJURY (I ectory, street, office vate roa held an Autops iicide, Ho CHIEF, DEPUTY Addres OR CREMATORY	Home, ferm, bldg., etc.) EY In omicide MEDICAL EX/ TANT MEDICAL EX/ SS (Street, city	201. (City Emmi.), Unc. AMINER (ALEXAMINER	or town) tsburg Inquir determined m is Inquir is Inqui	(County) Fred. Ty an anner	Md. Md. DATE SI 2-25- (SN	(State) opinion (GNED
10	WEDICAL WEDICAL	PARI II. OTHE Had been When fo 20s. EXIERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour e.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATIREMOVAL (Specific	URY Month, Day, Y 2/24/66 19 that I took charge from: Natural of B.O.Tho ON, 22b. Date there y) Feb. 28, 1	was c 20b. DESCE eer 20d. While et woi auses	INJURY OCCURRED 200. Principle above, Accident . Sure M. D.	D. (Enter neture of LACE OF INJURY (I sectory, street, office vate roa held an Autops iicide , He CHIEF, M.D. ASSIST DEPUTY Addres OR CREMATORY	Home, ferm, bldg., etc.) EY In omicide MEDICAL EX/ TANT MEDICAL EX/ SS (Street, city	201. (City Emmi.), Unc. AMINER (ALEXAMINER	or town) tsburg Inquir determined m	(County) Fred. Ty an anner	Md. Md. DATE SI 2-25- (SN	(State) opinion (GNED

AND THE REAL PROPERTY. THE SAME OF THE COURT OF THE SAME OF THE S BOSE CONTOUR EAW IN CERTAIN THE . . SHOW WANTED THE

ate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death VR A15 (4)

20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where decessed lived, ff institution: Residence before edm

	しんむもり			CERTIFICAT	E OI	- DEA	AIM					UNI	600
1.	PLACE OF DEATH	H			2. t	JSUAL RE	ESIDEN	CE (Where	deceesed	lived, ff i	nstitution: Resi	dence bef	ore edmission
	a. COUNTY Fre	derick		MARYLAND		. STATE	Mary	land		b. COUN	Frede	erick	
		if outside corporeta limits, I giva nearast town)		c. LENGTH OF STAY IN 16	0 0	CITY OR	TOWN ((If outside co	rporete li	mits, write	RURAL end gi	ve neeres	town)
	Fre	derick		years			Fred	derick				10 -	1
	d. NAME OF HOSPI	TAL OR INSTITUTION (if	not in hos	pital, give straet address)	0	. STREET A	ADDRESS						S RESIDENCE
		. West 5th.	St.				201	West	5th.	St.		YES	
3.	NAME OF DECEASED	First		Middle		Last		4. DATE		Month	D	ley	Yeer
	(Type or print)	Eth	el	0.	Wi	les		DEAT	H	Feb.	20-		19 66
5.	SEX	6. COLOR OR RACE	. MARRIE	D NEVER MARRIED	8. DAT	E OF BIRTH					IF UNDER 1 YE	-	DER 24 HRS.
	Female	0.000 0.4	WIDOWE		De	cembe	r 18	3-1898	6	7 yrs.	Months Day	/s Hou	rs Min.
10 de	one during most of wo	ION (Give kind of work orking fife, even if retired)	10b. K	ND OF BUSINESS OR INDUS	TRY 11.	BIRTHPLAC	CE (Cour	nty & Stele,	or foreign	country)	12. CITIZEI	N OF WH	AT COUNTRY
	Cook			staurant		Frede	rick	Co. I	Md.		U.	S.A.	
13	FATHER'S NAME					MOTHER'S							
	John T	.W.Wiles				Avv	Reh	ecca (Cast	le			
	WAS DECEASED EY	ER IN U.S. ARMED FORC		SOCIAL SECURITY NO. 17.	INFOR		100	-	0450	Address		Md	
L'.	No	TO THE POST OF THE		0-26-0131 Mr	s. C	lvde	Hanv	er_ N	Ret	nt.z S	t Fre	-	
-	The state of the s	EATH [Enter only one c					1144	- 11		1025	1		BETWEEN
		H WAS CAUSED BY	0-	ter a line	*	0.4.0	10.	serve	- 1	- 0	2.6.	ONSET A	ND DEATH
	5271	IMMEDIATE CAUSE (e)_	-	- u-seco	الم	roog	200	acree	1 0	orp	ulmone	4-1	12 1
		DUE TO	0.1	/	,		74	chro	-	4	1 1	-	
	Conditions, if eny geve rise to immadi		nen	many emph	ysen	me "		cont	nic	aser	More	- 5	yra
	(e), steting the u	DUIT TO			•				1	non	causo		
	ceuse lest.	.) (c)_											
O	PART II. OTHER	R SIGNIFICANT CONDITION	ONS CON	TRIBUTING TO DEATH BUT I	NOT RELA	TED TO TH	HE TERM	NAL DISEAS	E CONDI	TION GIV	EN IN PART 1(e		AS AUTOPSY ERFORMED?
CATION												YES [NO T
CERTIFIC	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	RRED. (Ent	er neture o	f injury i	n Pert I or Pe	ert II of ite	m 18.)			
ő	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
3	20c. TIME OF INJU	JRY Month, Dey, Yeer	20d.	NJURY OCCURRED 20e. P	LACE OF	INJURY (H	ome, farn	m, ; 20f. (C	ity or tow	n)	(County))	(Stete)
WEDIC	Hour a.m.		While at wor	Land 111111111111111111111111111111111111	actory, str	eet, office b	oldg., etc	:.)					
2	p.m.	19		0 0	-	1/		111	2	-0			
			*	ded the deceased from							19.64		
	saw the deceas	sed alive on	, -1.3	- 196.6., and tha	at death	occurre	d alo	J.UMAfro	m the	causes a	nd on the	date sta	ited above.
	22a. SIGNATURE	N				ATTENDING		MED.	STA	FF			226. DATE
	/	1 Sux M	ma	rtim		HYS.		DIRECTOR	☐ PHY		Feb.	21-	1966
	22c. PHYSICIAN'S NAME (Type)		20			2d. ADDR							
	TOME (Type)	Dr. Rex R.	Mar	tin		220 N	• Ma	rket i	St	Fred	erick,	Md.	21701
23		ON, 236. DATE THERE	OF	23c. NAME OF CEMETERY	Y OR CR	EMATORY		23d. LO	CATION	(City, tow	n or county)		(Stete)
	REMOVAL (Specify) Burial		1966	Mt. Olivet C	emet	arv		Fre	deric	k. M	d. 2170	17	
24	FUNERAL DIRECTOR			- ADDRESS Whis	tons	10 1	25a REC	C'D BY REG	STRAR	25b. REG	ISTRAR'S SIG	NATURE	
	M.R. Etch	ison & Son	rest	Frederick, Md	. 21	701	FFB	241	966	gal	iarles	Judg	2
_	14 14 14			, , ,			DAIL				-	1	

. Ju . Hit Stank Dice .de1 To Chilleda Tecappell WALLES BEETER BEETER . S. . Ol Shimbert Secretary of the second of the antimorphism the hast discount to prolonged the year I believery employeen with chance rather to 3 4 2001-20 Total Total Total Telephone milita and plointsberg waterdramme all the district of mon on 10% in the section of A. D. Donas of the Control of the Co TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A1S (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12306

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY
Frederick MARYLA b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY)	
write RURAL and give nearest town)	
Frederick years	Frederick /o -/
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address	ON A FARM
Frederick County Home	Highland St. YES □ NO 🗵
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Theodore W.	Wolfe- Sr. DEATH February 21- 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED [TOCt. 14- 1881 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	NOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Laborer	Frederick Co. Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry W. Wolfe	Sarah Elizabeth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewarordatesofservice) 220-10-5754	Theodore W. Wolfe-JrEmmitsburg-Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	_ // / INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Thumbosis GWERE
3327 DUE TO 0 . 1. 1	Deform 5 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Conditions, if any, which \ (b)	Item - Schroses 10 years.
geve rise to Immediate cause (a), stating the underlying DUE TO	
cause last. (c)	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATIC	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	CCURRED. (Enter nature of injury in Part I or Part II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20	De. PLACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (State)
Hour a.m. D.m. 19 While Not While at work at work	factory, street, office bldg., etc.)
	. 115 2- 10/25 AM 21 11/26 11 11
21. I certify that (I) (this hospital) attended the deceased	
	I that death occurred al 5 M, from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNE
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. Feb. 22-1966
NAME (Type) Dr. B.O. Thomas-Jr.	Professional Bldg Frederick-Md. 21701
BURYTA Epecify) Feb. 24-1966 Keysville U	etery or crematory 23d. LOCATION (City, town or county) (Stote) Keysville, Md.
24 FUNERAL DIRECTOR'S SIGNATURE Elevant Taddress M.R. Etchison & Son- Frederick,	Md. 21701 FFR 2 9 1000 Clippella Augustian
	Md. 21701 of B 28 1966 fellantes Judge

A COURSE OF BUILDING - TO SELLOW THE TOTAL SELLOW THE 1-15、自1克加州,自1克加州,自1克加州 .W . N FSISSISS Hander of the second of the second MODELLE TO THE TENTH OF THE PARTY OF THE PAR their commission of a gold thouser age t the ways of the said the payd the main treatery to keep the said the ALTERNATION OF THE PART WAS THE PROPERTY OF TH